THE HISTORY OF NURSING

BY

JAMES J. WALSH, M.D., PH.D.

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Walsh, James Joseph, 1865-1942.
The history of nursing

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To

RIGHT REVEREND JOSEPH SCHREMBS, D.D.
Bishop of Cleveland

WHO SUGGESTED AND ENCOURAGED THE
WRITING OF THIS HISTORY THE BOOK IS
RESPECTFULLY DEDICATED BY

THE AUTHOR

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INTRODUCTION

ALL over the ancient world there are definite traces of hospital organization which implies the presence of nurses or, at least, of attendants on the sick, who had some special training that made them more or less experts. Men were generally employed for this purpose in public institutions, but women were expected to take care of and administer remedies to the ailing in their homes. Practically all of the public institutions for the ailing were in connection with religion in some form. The temple hospitals in Egypt are well known and the more that we have learned about them, the more we have come to realize that even five thousand and more years ago men had succeeded in accumulating a notable amount of information with regard to disease and the remedies that might be expected to prove beneficial for them. There are three important medical papyri from Egypt, known respectively by the names of their modern possessors or translators: the Ebers papyrus, the Phœbe Hearst papyrus and that of the New York Historical Society. They all date from about 1500 to 2000 B.C. and demonstrate very clearly how many remedies men were trying and how much of consolation and encouragement physicians were bringing to their patients long ago.

The first physician of whom we have any definite record was I-Em-Hetep, who lived perhaps six thousand years ago and who seems to have impressed himself deeply by the success of his professional services

upon the men of that time. He seems to have known the value of the influence of the mind on the body for he was known by the special titles of "the Master of Secrets" and "the Consoler of the Afflicted." It is easy to understand that there must have been special assistants trained by the physician to help him in this work of consoling the afflicted, for it is, above all, the constant presence of someone on whose skill they depend that makes patients trustful and confident that they will get better.

The oldest prescription in the world that we have is in the Metropolitan Museum in New York. It was a prescription given for the symptom known as "the ball in the throat." It was to be used as a fumigation, that is, the patient sat on a seat of some kind, underneath which the drugs of this prescription were burned so that the patient inhaled the ascending fumes. Almost needless to say, the arrangement of anything like this treatment required expert help, so that the nurse must have been an element in Egyptian civilization. "The ball in the throat" is a symptom of hysteria and it is these patients, above all, who must be specially nursed and cared for at all times. The fumigation prescription called for certain green precious stones. Very valuable stones were used for the rich, less valuable for the middle class and the cheaper green stones for the poor. Of course, the rich could not be expected to be healed by any remedy that was not costly and, above all, could not be expected to get better as the result of the same treatment that was given to the poor.

The development of medicine in Egypt is very interesting and makes it very clear that men have not changed much. Dr. Harvey Cushing in one of the

addresses in his volume, "Consecratio Medici," * reminds us that when the first modern trial of anesthesia for surgical operations was made in the Massachusetts General Hospital, there was a mummy housed in one corner of the operating room, present as it were at the operation. This mummy had been a very important auxiliary in the early history of the hospital because the money paid for admission to see it helped out the hospital finances very materially. Dr. Cushing suggests that could the lips of that mummy have been unsealed in the midst of that exciting moment of the trial of anesthesia for the first time in modern history, instead of being surprised at it, he might very well have told the crowd how familiar such a scene was to him, and how many other things that these complacent moderns were so sure to think of as new, had been anticipated by his fellow countrymen thousands of years before. Dr. Cushing then puts into the mouth of the mummy some words that are not only very interesting for the history of hospitals, but also for the history of nursing. They had developed surgery much better than we had, until comparatively recently, for they were so far ahead of us that we actually would not have understood many references that the mummy might have made at that time. Dr. Cushing has the mummy say:

"All these things are familiar to me, for I was a disciple of the great physician, I-Em-Hetep, of the third dynasty of the Pharaohs, four thousand years before your Hippocrates. With me in Thebes were entombed medical papyri which someone may some day find. (We have mentioned those that have been found since.) They will tell, as do our sculptures, that with

* Little, Brown & Co., Boston, 1928.

instruments of copper we did just such operations as this, and quieted the patient with opium and hellebore, while the 'Black Art' gave us substances such as you do not seem to use, to put in our wounds to prevent putrefaction—and in our bodies, too, after death, else mine would not be here. One thing that has befallen many of my people, I have escaped, for our mummified bodies, since you began taking us from our tombs, have often been ground to powder and used to heal the maimed and afflicted of these later times."

After Egypt came Babylon, where the Code of Hammurabi lays down certain legal details with regard to the practice of medicine and surgery which shows that physicians were members of a profession and, by law, had the right to charge, not according to the amount of time which they had spent in caring for the patient—that being the standard of pay for the artisan or workman—but according to the value of the medical attendance to the person to whom the services were rendered. For doing the same thing for a rich man, the physician was allowed to charge twice as much as for an ordinary person who was reasonably well-to-do and five times as much as for a slave. There is at least the innuendo that for the rich certain attendants were employed who took care of the patients during the intervals between the doctor's visits and that this represented one reason at least why the services were billed for the whole course of treatment, not for each visit. The fees were of good pecuniary value, because the charge for a serious operation upon a rich man or for bringing him out of some abdominal condition, which had seemed serious, was equal to the wages of a poor man for a year. That would bring the relative compensation for such work very close to what it is at

the present time. Manifestly the professional status of the physician was thoroughly recognized, though penalties were inflicted, even the loss of a hand, in case of the failure of an operation, in order that the unskilled might not intrude themselves into professional work for the sake of the good fees they could thus secure.

In India there were hospitals for the poor and in the centuries about the beginning of the Christian era there was a magnificent development of medicine and surgery among the Hindus. This always implies the presence of special attendants upon the ailing, or what we would call nurses. A very distinguished Indian physician, Charaka, by name, lived about the beginning of the Christian era. Two others, Susruta and Vagbhata, flourished from the fifth to the seventh century A.D. The greatest of these was Susruta, and his book describes over one hundred and twenty different surgical instruments including sounds, forceps, trocars, catheters, syringes, bougies and rectal speculums. The Hindus at this time apparently practised every important surgical procedure that we have at present, except the use of the ligature. Their treatment of fractures and dislocations by special bamboo splints was, as Dr. Garrison says in his "History of Medicine," afterwards adopted by the British Army. They performed lithotomy, Cæsarean section, excision of tumors, as well as operations upon hernia in various forms. Their mode of extracting cataract has survived to the present day, and they were especially expert in skin-grafting and other phases of plastic surgery. Their method of rhinoplasty, that is, re-formation of the nose when that organ was missing as the result, either of punishment for crime, or of close-up fighting with

swords, or as a warning by banditti, was very successful. For all these operative procedures, special attendants were needed so that it is easy to understand that here was a striking development of nursing.

In the *Charaka-Samhita,* the original document in which is to be found all that we know about Charaka, the first of these great Indian surgeons, there is a lesson or lecture on the factors that are indispensable for the cure of disease. These are represented by the physician and the drugs he uses, the nurse and the patient. The nurse is expected to know the manner in which drugs are to be prepared or compounded for administration, and his conduct should be characterized by skilled and devoted attention to the patient. Besides, to assure success, in the nurse's ministrations there should be purity and cleanliness both of mind and body. The nurse thus referred to was a male, as a rule, though there are some references which seem to indicate that females also were occasionally trained for medical attendance upon those who were under the surgeon's care.

The duties of the patient are interesting as regards his own cure, because they implied particularly fullest coöperation with the nurse and the physician. The patient must not forget the directions that are given him and someone must see that they are fulfilled. There must be absolute obedience to the nursing attendant and the patient must put off dreads with regard to his disease.

All these developments of medicine and surgery and particularly of nursing care for the ailing, in Egypt, Babylon, India and Greece, were mainly meant for the well-to-do. There was very little of care for the poor. The feeling of the brotherhood of man had not as yet

developed and the ailing poor were likely to be neglected, and it was felt that the sooner they shuffled off this mortal coil the better it was for all concerned. Wages were so low that their friends had to work all daylight hours and could not pay any special attention to them, and they could not afford to secure the services of physicians and nurses.

In India the doctrine of metempsychosis or transmigration of souls, by which men and women were supposed to pass through successive stages of existence and a series of reincarnations on the road to Nirvana, made people careful to afford relief as far as possible to the sufferings, not only of the ailing poor, but also of sick and needy animals. According to the Buddhistic doctrine, reincarnation might take place in the body of a poverty-stricken individual or even in that of a suffering animal. You never knew whether some dear friend might not be reincarnated in the body of a wandering beggar suffering from serious disease and quite unable to help himself. On the other hand, the reincarnation might occur among the animals, and therefore, it behooves us to take care of them. Almost needless to say this hospital care was not dictated by any fellow-feeling or recognition of the brotherhood of man nor by any real charity, but by a refined selfishness. You might yourself in a succeeding stage of existence be reincarnated as a beggar-patient suffering from chronic disease, or as a starving maimed dog or some other animal. Hence the readiness to take up the organization of care for them so as to anticipate the worst and remedy it.

As Nutting and Dock in their "History of Nursing" * say, "A frightful inconsistency marred the hos-

* G. P. Putnam's Sons, New York, 1907.

pitality of the ancient Greeks. Only curable patients were received and the incurables were left to die upon the streets. It was considered that birth and death polluted a locality, and these two events were not allowed to happen in the sacred precincts of the temples of Æsculapius (the god of medicine). At Epidaurus women approaching confinement and patients about to die were carried outside the gates and left there." They add, "Definite provision was not made for these two helpless classes until the time of the Antonines, 138 A.D., when a home for the dying and a maternity hospital were founded outside of the precinct of the hospital proper." Lanciani, the distinguished Roman archæologist, traces to the influence of Christianity this modification and the first organization of public assistance by which compulsory and gratuitous medical service was provided for the poor.

In Greece we have the story of the great hospitals that were built in a series of places, practically always connected with temples. The typical example of these is the great temple hospital at Epidaurus. This was situated in northern Greece and presented many features of a modern health resort. Its location was in the midst of picturesque scenery and the altitude was such as to give it healthful surroundings and a beautiful outlook. There were series of bathing houses for hydropathy, that is, water cures of various kinds, and there were abatons which were really lofty and airy sleeping chambers open toward the south. These were quite like the balconies of our tuberculosis sanatoria. They evidently used the sun cure as well as the open-air cure for their patients. Besides they used various drugs both internally and externally and many of the

methods of physical therapy that we employ at the present time.

Their main idea, however, was to provide occupation of mind for the patient. For this purpose they had a series of auxiliary institutions. There was a theater that would seat some thousands of people in which the great classic Greek plays were given. Besides there was a stadium seating some twelve thousand people for athletic events of various kinds, as well as a hippodrome with a larger seating capacity for amusements of all sorts in which animals took part and with which the patients might secure distraction of minds from their ills. There were walks through the countryside with sheltered paths for inclement weather and tunnels or covered passages for going from one building to another, so that the patients were made just as comfortable as possible.

Besides all this these institutions took advantage of all the influence that religion might have. There were statues of the gods and especially of the god of healing, and of Æsculapius, who had been a human physician, but like I-Em-Hetep (recent research by Professor Braisted suggests that the Greeks adopted the Egyptian divine physician changing the name to Æsculapius) had come to be considered as surely related to the gods because he was able to do so much good for mankind. It is easy to understand the favorable influence which all this suggestion and the contact with cultured priests, thoroughly accustomed to dealing with all manner of patients, had upon the ailing. It is also easy to understand what an important rôle nursing, that is, the special care of these patients, by expert medical attendants who yet were not looked upon as

physicians, must have played in all this. Besides the hospital at Epidaurus with all its arrangements for the care of the ailing, there were corresponding hospitals at Cos where the Hippocrates' tradition originated, and at Cnidus, and also at Pergamos, where Galen was born and received his early training.

The practice of Galen in Rome during the years while he was official physician and surgeon to the gladiators in the amphitheater throws some light on nursing in antiquity. He made some very special studies on a whole series of subjects while in Rome and made a number of discoveries. His account of the treatment of the gladiators shows that he was a good surgeon as well as a great physician. He was assisted in his work by slaves whom he had trained for this purpose. It seems to have been the custom for physicians to buy likely, intelligent-looking boys and train them as assistants in their work. It is easy to understand how much might be accomplished in this way. The Roman ladies, it is said, often depended on slave girls bought in the East, not only for their knowledge as beauty specialists, but also for their supposed knowledge of Eastern drugs and remedies which were said to be very efficacious. These girls were expected to nurse their mistresses faithfully whenever they were ill and to be ready to make all sorts of sacrifices for them. It has even been said that when milady lost a tooth in a prominent position, she would have a corresponding one pulled from the mouth of one of her slave girls and have it transplanted to her own. As a rule these slave girls from the East were treated very well and sometimes came to be the confidantes of their mistresses, occupying a position not very unlike that which

a nurse will come to hold, after a time, in a household where the mistress is a chronic invalid.

Sometimes these slave girls abused this confidence and often they gained a position of influence that gave them great power in the household. It has been known in the modern time, however, that nurses who had the charge of young widows or old maids sometimes abused the confidence reposed in them in nearly the same way. This question of the Eastern slave girls and their place as nurses at Rome has not been investigated in the way that it should be as yet, but the study of it will doubtless throw some light on nursing conditions as they developed among the Romans. Roman neglect of scientific medicine and their tendency to turn to quacks of various kinds left them rather at the mercy of medical suggestions of all kinds. This would make the study of the place of these slave girls all the more interesting.

At Rome there was much less development of hospitals than in Greece, because the Romans never developed medical science for themselves but simply adopted Greek medicine. That would have been an excellent idea, only that the Romans were much given to quackery. They particularly adapted to their own use Greek external therapeutics. Their construction of bathing establishments on a large scale provided opportunities for all sorts of hot and cold baths and for massage and rubbings of various kinds. Massage came to be practised to an extent that is only exceeded in our own time. Such external treatment, which is about the equivalent of our modern physiotherapy, requires the use of expert medical attendants capable of practising these modes of treatment, apart from the

physician. We know that there was a great development of nursing among the Romans. The discoveries at Pompeii with regard to medicine and surgery show this very clearly. In this matter, however, among the Romans even more than among the Greeks, special treatment and nursing was for the benefit of the rich and those who could afford to pay for it or who had friends who could help them, but not for the poor. It was the care for the poor particularly that came in with Christianity.

Hospitals and special care for slaves were provided in public institutions because slaves were valuable possessions whose value depended largely upon their health. This was one advantage that the slave had all down the course of history. We find in the Code of Hammurabi that the slaves were expected to have just as good treatment as their masters, even though the physician or surgeon was not expected to charge so much for his services to them. In both Greece and Rome excellent provision of medicine and surgery was made for slaves and for gladiators. Galen, the personal physician of the Emperor, Marcus Aurelius, was for years the physician and surgeon in charge of the gladiators at Rome, as well as for athletes and for soldiers. These were all public servants, or, at least, public functionaries, and therefore their health must be conserved to the best advantage. If you belonged to yourself only and no one had any right to your services, if you became seriously ill, you might care as best you could for yourself.

The great Grecian hospitals, some of which lasted over into the Roman times for several centuries, as was true of Epidaurus, were really health resorts for the rich, and only for people who could make the long

journey necessary to reach such places. There was very scanty provision for the poor. When chronic illness came, the poor might pray to be taken out of existence. There was nothing like the visiting nurse nor like the organization of care for the poor which developed almost immediately after the coming of Christianity.

There were two exceptions to this rule of almost complete neglect for the poor and these were at the opposite ends of the known world of that day. One of these was among the Jews in the Near East and the other among the Irish in the distant west of Europe. The Mosaic Code gave directions for every detail of family, personal and public health, and as I suggested in my volume on "Religion and Health," * it is no wonder that by keeping these great rules of health the Jews have, on the average, lived longer than any other people. Virchow, the distinguished German pathologist, went so far as to call Moses "the greatest physician of all time." Their hospitals shared in this noteworthy development of hygiene and sanitation. The Jews were faithful in providing, in the days of their prosperity, houses for travelers and the destitute, but they also had houses for the ailing. The Jewish custom of the tithes, that is of giving one-tenth of their possessions in charity, supported these institutions very well. Visiting the sick was looked upon as a duty among the Jews and whenever this is practised there is sure to be proper care taken of those in institutions, for as a rule humanity needs only to be reminded of the need in some personal way and charity will be properly exercised.

In the distant west of Europe among the Irish there

* Little, Brown & Co., Boston, 1921.

was a very definite organization of hospitals of which I have given some details in the chapter on "Ancient Irish Medicine" in my volume, "The World's Debt to the Irish." * One of the earliest hospitals on record was founded according to tradition in Ireland about 300 B.C. by Princess Macha. This ancient hospital called Broin Bearg, the House of Sorrow—the Irish have always been rather frank in facing the realities of life and calling a spade a spade—must have been spacious, for it was later taken over by the Red Branch Knights for their assemblies, and still later, served as a royal residence in Ulster. This exceptional racial trait of suitable hospital provision for the poor in Ireland was undoubtedly due to the clan system under which the Irish were ruled. The clan made certain provisions for the welfare of its members and the hospital was among them. This tradition of hospitals continued for many centuries in Ireland. There were special families of physicians, and these were required by the old Breton laws to have their houses so situated that they might be salubrious for those who needed their care.

Ireland is the one country in which hospitals were in high esteem and whenever anybody was ailing, and particularly if he were wounded, he was treated in a hospital or at least at a physician's house rather than at home. The tendency to fight was strong among the Irish, and when men were wounded all the expenses of their care were expected to be borne by the person responsible for the wound. It was under these circumstances particularly that the hospital system in Ireland developed. This anticipation of our modern practice of preferring hospital to home treatment in the olden

* The Stratford Company, Boston, 1926.

time in Ireland is a very striking tribute to the character and reputation of the Irish hospitals some two thousand years ago.

There is a tradition that the women of the doctor's family in Ireland cared for the wounded and ailing who were in the doctor's house. The Irish women were supposed to have a special knowledge of the healing virtues of plants and of the mode of administration of remedies, and particularly external remedies. This nursing development among the Irish is very interesting, and only that we have a number of traditions that are rather well authenticated of the knowledge of medicine in ancient times among the Irish, it would be indeed hard to believe that any such development had taken place. Medicine among the ancient Irish, however, was rather carefully cultivated and a good deal is known about it, as even the single brief chapter in my volume, "The World's Debt to the Irish," makes very clear.

I

NURSING IN PRIMITIVE CHRISTIANITY

CHRISTIANITY made a great change in the matter of the care for the ailing. It at once introduced the idea of the Fatherhood of God and the brotherhood of man, thus giving a new dignity to humanity and making all men responsible for the care of the needy. When the lawyer, as told in the New Testament, asked Christ to sum up His law, He said that there were just two commandments but they included "the whole law and the prophets." The first commandment was, "Thou shalt love the Lord Thy God," and the second, which He declared was like unto the first, was, "Thou shalt love thy neighbor as thyself." The parable of the good Samaritan was meant to emphasize just exactly who was a man's neighbor. He was the one who succored him in his need, took care of him when others, whose duty it might seem to be to care for him, neglected him, and who did it entirely from a motive of human brotherliness and not for any ulterior advantage that he might hope to secure.

The Church made it one of the definite duties of churchmen, from the very beginning, to care for those in need, and especially those unable to care for themselves, as during sickness. Indeed, one of the major orders of the clergy was assigned the special duty of caring for those who were destitute or who were maimed and crippled and unable to care properly for

themselves. How thoroughly and heartily the deacons practised this duty of their office is very well demonstrated from the tradition that we have with regard to St. Lawrence, which dates from a very early period. Some of the Roman prefects during the persecution convinced that since these Christians existed in such large numbers, the officials among them must collect large sums of money, and stimulated by reports of the riches of the Christian priesthood, probably due to rumors that had gained currency from the use of gold and silver vessels in the ceremonies of the Church, demanded to see the Church treasures and even offered to free from persecution as Christians, Church officials who were brought before them, provided these treasures were handed over. Graft has always existed and was notoriously prevalent under the later Roman empire. This makes it easy to understand the situation.

St. Lawrence, who was a deacon, was asked to bring the treasures of the Church to the prefect before whom he was summoned for trial as a Christian, under the promise of safety for himself, if he did so. Apparently yielding to the solicitation, he promised that he would. When he returned for his formal appearance the next day, he had with him a number of the lame and the halt and the blind and the very poor, who were unable to care for themselves, and he presented these to the prefect as "the treasures of the Church." He was punished for what was declared to be contumacy by being roasted on a gridiron and is said to have remarked to the prefect who was gloating over his punishment, "Now, I'm roasted on this side, you had better turn me over so that I may be roasted on the other." This latter part of the story is not well authenticated and has, I believe, in recent years been re-

jected by hagiologists, that is, writers on the lives of the saints, but the first part of the story is considered to be quite authentic.

From the very earliest times there were not only deacons, but also deaconesses, and these helped in the service of the poor and apparently had an official position not unlike that of the deacons. The title, *diakonos* in Greek, was used by St. Paul in speaking of Phebe of Cenchrea, and was apparently applied equally to men and women. The word, *diakonos,* means a servant, but not in any belittling sense. On the contrary, the abstract noun that corresponds to it, would have very much the same significance as our word "service," which has become so popular in certain circles in our day. The deacons were considered to be the "servants" of the poor and the needy in the best sense of that word.

As a matter of fact, the bishops of the various churches from the very earliest years took on themselves certain special obligations with regard to the poor and the ailing, which represent the primitive anticipation of the oaths that Catholic bishops take at their consecration, at the present time, to care for the poor and the needy in their dioceses. Many of the early bishops set off a portion of their houses for the special care of the poor and those who were ailing, and also to furnish hospitality for travelers. It is easy to understand then the place that the deacons and the deaconesses came to occupy in the care for the ailing poor. They were in a certain sense the representatives of the bishops in this work of charity and the fulfillment of the second commandment, "Thou shalt love thy neighbor as thyself."

It is very evident from even the scanty notice that

we have of her that St. Paul considered Phebe a very important factor in the Church of that day. She is usually thought to have been the first of the deaconesses, and the traditions with regard to her indicate that she was a woman of social distinction, and undoubtedly possessed a goodly share of worldly goods which, after her conversion to Christianity, she wished to apply, as far as possible, to the succor of those in need. She seems to have journeyed to Rome with letters of recommendation from the Apostle of the Gentiles, who did not hesitate to say that she had been of great assistance to many Christians and especially to himself.

Nutting and Dock in their "History of Nursing" point out that this first of the deaconesses was followed by many others and that they ranked with the clergy and were ordained by the bishop. They were selected with the consent of the congregation and there was a special ceremony of laying on of hands for their ordination. The Didascalia, or Apostolic Constitutions, say concerning a deaconess, "O bishop, thou shalt lay thy hands upon her with all the presbytery and the deacons and the deaconesses and thou shalt say: Eternal God, the Father of our Lord Jesus Christ, the Creator of man and woman, that didst fill with the spirit, Mary and Deborah and Anna and Hulda, that didst not disdain that thy only begotten Son should be born of a woman; Thou that in the tabernacle have witnessed, and in the temple didst appoint, women guardians of thy holy gates: Do Thou now look on this thy handmaid, who is appointed unto the office of a deaconess, and grant unto her the holy spirit and cleanse her from all pollution of the flesh and of the spirit that she may

worthily accomplish the work committed unto her, to thy glory and the praise of thy Christ."

In the early times it is not always easy to draw a distinction between the deaconesses and the "widows" in their duty of assisting the clergy. The Apostolic Constitutions, however, enjoined the widows to be obedient to the deaconesses so that they were looked upon as subordinate in their functions. It seems probable also that in the earlier period it was only a widow who became a deaconess, but as the Catholic Encyclopedia says under the word "deaconesses," "Undoubtedly the strict limits of age, sixty years, which were at first prescribed for widows who took active part in the ministrations of charity, were relaxed at least at certain periods and in certain localities. In the case of these appointed to be deaconess, for example, the Council of Trullo in 692 fixed the age at forty." It is evident, however, that in certain places they were ordained much younger than this. Indeed, Tertullian, in the third century, complains that a girl of twenty had been ordained among the deaconesses, which he considered entirely too young for the proper maintenance of the dignity of their order. There are some hints of others at intermediate ages up to forty, but the general rule was to receive them on the other side of forty.

The duties of the deaconesses were manifold and in certain of the early churches there were abuses or extravagant claims made by the women as to their functions. Their main work, however, was the tending of the sick and poor, giving instruction to children and catechumens and assuming a rôle not unlike that we accord to the visiting nurse. The universal prevalence

of baptism by immersion in the early Church and the anointing of the whole body which preceded it, rendered it a matter of propriety, that in this ceremony the functions of the deacon should be discharged by women.

The modern revival of the deaconesses outside the Catholic Church was begun in 1833 by the Lutheran, Pastor Fliedner, at Kaiserswerth near Düsseldorf. The inspiration for his work is said to have come to him from the English Quakeress, Elizabeth Fry, who did so much to bring about the reform in the women's prisons and certain of the asylums of England, where reform was so sadly needed. Florence Nightingale spent some months at Kaiserswerth and her work in the Crimean War attracted public attention to the fact that she had received training there, though she had spent corresponding time with the Sisters of Charity in Paris, and, as we shall see, she pleaded with the Reverend Doctor, afterwards Cardinal, Manning to obtain permission to train with the Sisters of Charity, or Mercy, in Dublin.

The deaconesses and widows in primitive Christian times lived at their homes and not in community, though a very definite tendency toward community life soon manifested itself. This was interfered with to a great extent in the primitive Christian time by the fact that such living together attracted attention to them and in times of persecution easily made them the subject of special notice by the authorities. Soon the deaconesses and widows were supplemented by consecrated virgins, of whom there came to be a great number. As is well known, only with difficulty had the total quota of six vestal virgins been maintained in Rome, in spite of the fact that they were granted all sorts of privileges,

including a special place in the amphitheater during the gladiatorial games and the circuses, and were held in high honor and looked up to as guardians of the city, on whose faithful performance of their duties very much depended. Nothing was so surprising to the pagans of the primitive Christian time as the number of young women who consecrated their virginity to Heaven and took upon themselves the duties of caring for others. By the third century the custom of living in community had become quite common for these consecrated virgins and Gibbon speaks of the "stately and populous city of Oxyrhynchus which had devoted the temples, the public edifices and even the ramparts to pious and charitable uses and where the bishop of twelve churches could compute ten thousand female members of the monastic profession." It is easy to see from this how immense must have been the good that was accomplished by them.

In the course of time, the deaconesses ceased to be a special order in the Church and the Sisters or religious came to replace them. In the Western Church before the end of the third century the deaconesses had practically disappeared, and the widows who are mentioned were themselves the objects of Church charity, though they were employed to visit the sick. Syncletia, the sister of Pachomius, the well known writer on spiritual subjects for monks, was the first to introduce a monastic rule for women, it is said, and for that reason she is often called the "Mother of Nuns." She was deeply influenced by her brother's organization of the monastic life for men, and though she was of noble birth and reputed to have been both wealthy and beautiful, she dwelt with her sister for years in a tomb near Alexandria, devoting herself to the cultivation of

the spiritual life. She is said to have taught "many widows and virgins" who came to sit at her feet and learn the laws of the religious life from her. In the course of time she found herself more or less compelled to form a religious community around her because so many of her disciples wanted to live near her and have the advantage of her advice in the spiritual life, to which she had introduced them.

The employment of male nurses in connection with the early Christian hospitals may be deduced from the fact that St. Anthony the Hermit, who is so famous in the spiritual literature of early Christianity, and whose advice was often sought by brother hermits, counseled one of these applicants, who was disturbed very much by melancholy thoughts, to take up the nursing of the sick in hospitals. Anthony quite manifestly believed that occupation of mind with those who were suffering from physical ills would prove to be an excellent diversion for one whose depression of spirits may very well have been due to the fact that he did not have occupation enough. In the modern time I have sometimes felt that having women visit hospitals where crippled children were cared for, or sometimes to visit institutions in which incurable cases were treated and particularly those for cancer, was an excellent thing for such people as were so much preoccupied with their own thoughts and feelings that they were engaged in super-solicitude over sensations that were of comparative insignificance when one came to realize how much of serious physical suffering there was in the world. To St. Anthony is sometimes attributed the answer given when someone asked him after fifty years in the desert, "What has been your greatest trouble in life?" "Oh! I have had many troubles but

most of them never happened." He might surely be expected to have known the value of dissipating solicitude by occupation with care for others. Though a solitary himself he knew human nature's need of sympathy for others, not from them.

It is evident that the ailing poor were cared for by those accustomed to working for them from the earliest days of Christianity. Gradually the looser form of nursing organization which entrusted the work to deaconesses doing what they could separately, or at most, in small groups, gave way to the organized religious orders of the Church. They were assuming the form in which we know them at the present time. We hear no more of the deaconesses, not because they lapsed but because they were superseded. The deaconesses and widows were usually older women and they did not have the advantage of health and vigor of young women in this work of caring for the sick poor; yet, there were dangerous abuses associated with this that made even the early Christians hesitate. The organization of religious orders, however, did away to a great extent with these dangers, or at least protected against them, and so the order of deaconesses dropped into desuetude. They have been revived sporadically only in connection with Protestant churches where there were no religious orders to accomplish the work that was needed.

II

LIBERATED CHRISTIANITY AND HOSPITALS

WHEN before the battle of the Milvian Bridge, Constantine saw the cross in the heavens and the words, "In this sign thou shalt conquer," *In hoc signo vinces!,* the winning of the battle converted him to Christianity and he issued an edict of toleration which freed the Church from the dread of persecution. After this all Christian institutions began to develop publicly as they could not before, when because of persecutions the Church services were generally held in the catacombs. Every mode of Christian activity had been conducted as much under cover as their worship but now they came into the open. Not only churches were built but also hospitals, at first in the sense of guest houses, for hospitality became a special mark of Christians even at Rome, where hospitality had been a watchword of the old Romans, but also in the sense of special edifices for the care of the ailing poor.

In the earlier days the bishop's house, or at least a portion of it, was given over to the purpose of hospitality. Harnack, the well known German historian of primitive Christianity, who had been very much interested in the history of medicine in his earlier life, for he was a physician, wrote a monograph on "Medical Features of Early Christianity," in which he points out that a number of the bishops and priests of early Christian times were physicians. He mentions alto-

gether some sixteen physicians who were church dignitaries. It is now definitely determined by the latest historical authorities that Luke, the Evangelist of the third Gospel, who also wrote the Acts of the Apostles, was a physician, and that when he tells of the miracles of early Christianity he gives the medical terms for the diseases that were cured. This makes it very clear that the Lord cured not only the functional nervous troubles and other merely symptomatic affections, but also organic diseases of various kinds.

The earliest hospitals worthy of the name, when the Christians felt free to build them, were those in Constantinople where Helena, the mother of Constantine, built hospices for travelers and pilgrims and also hospitals, in our sense of the word, for those who were strangers in the city and who, in case of illness, had no one to care for them. These hospitals came into existence during the second quarter of the fourth century and evidently were able to accommodate a great many patients. These foundations of the Emperor's mother developed so as to fulfill most of the functions of our modern hospitals. Some of them were in connection with the churches of the great eastern capital of the empire and they had free clinics where the ailing of every kind could be treated. St. John Chrysostom, who was afterwards a bishop of Constantinople, declared that about the middle of the fourth century, thousands of poor people were fed every day. Then there were trained attendants who cared for those who were ailing, as well as aids who went to visit prisoners and supply their wants in every way possible, often caring for the ailing among them, for there was no release of ill prisoners nor any transfer to hospitals. Travelers who had no place to stay were cared for. The only thing

that was necessary to secure aid was that you should be poor and in distress and the Christian hospitals would care for you. In this regard things were very different from what they had been under paganism even with all the hospitality that was practised by the Greeks and Romans.

As Christ Himself had gone around healing the sick as well as preaching His doctrines, it is easy to understand that there was a great deal of sympathy for the ailing in the Christian spirit, and therefore, proper provision was made for them. Even during the earlier centuries, when there was little opportunity, because of the dread of persecution, to care for them in public institutions, they were not neglected.

Just as soon as the Church came out of the catacombs, hospitals began to multiply. The first and most important of these hospitals is undoubtedly that of St. Basil, or as he is sometimes known, Basil the Great, who is counted among the Greek Fathers of the Church. He was the bishop of Cæsarea and just before the beginning of the third quarter of the fourth century he founded a hospital outside his episcopal city. This was called after him, the Basilias. After a time the institution developed so extensively that this quarter of the city came to be called New Town, because it represented almost an added city. St. Gregory Nazianzen, who was a close personal friend of Basil and who had been a fellow student with him at the University of Athens, says that this hospital was so admirable that it would be reckoned among the wonders of the world. He was speaking not only of the numerous and extensive buildings, but particularly of the number of the poor and the ailing who came there to be treated and of the magnificent organization of the

institution by which they were cared for to the best advantage. He says that, "At the gates of Cæsarea created by Basil out of nothing, there arose a new town devoted to charity and to the nursing of the sick." A church or chapel occupied the center and on radiating streets there were hospital buildings which contained the rooms for the ailing and the crippled of every variety for whom doctors and nurses were ready to do everything possible.

The Basilias was not only a hospital in our sense, but it also cared for the crippled and the poor of all classes. There was an orphanotrophium, or orphan's home, a brephotrophium, or infant asylum, for foundlings, a gerontochium for the old. There was also a nosocomium, or house for the ailing; there was a xenodochium, or place of hospitality for strangers, and then there were special buildings for lepers and those suffering from various contagious diseases. Besides these, Basil had edifices in which those who had been maimed or lamed in any way might learn new trades before they went out to face the world again, in order that they might be able to support themselves properly. Finally, as a climax of Christian thoughtfulness for those in need, there was a building given up to an employment bureau so that employers and employees might be brought together under such circumstances as assured understanding and sympathy. All in all there was provision for every kind of human need.

No wonder then that the reputation of this institution went abroad and that there were many imitations of it. Basil's homilies insist very emphatically on the idea that the rich are only stewards of whatever wealth they possess and that they will be held responsible for its proper disposal. The money they possess does not belong to them to use as they wish, but they are bound

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in conscience to see that it is used to the best advantage. This was a common teaching among the Fathers of the Church and it had the result of making a great many Christians, who were possessed of superfluous world's goods, ready to help in the foundation and endowment of these charitable institutions.

There are some historical records which indicate that the civil officials suggested that Basil, by his great work for the poor, was trying to curry favor with the masses and obtain power for himself, but those who know him best, know how far he was from any such thought as this and he went on with his work and gradually won over those who were opposed to him. Indeed, after a time, he succeeded in bringing the civil authorities around to the feeling that hospitals were public institutions meant for the benefit of the community, and therefore should not be taxed. The idea was even entertained that hospitals should be supported by the community instead of their burdens being increased in any way. We owe the present situation in this regard of freedom from taxation and community support to Basil's initiative, so that it may well be said that there is scarcely a feature of modern hospital life that Basil did not either actually initiate or at least provide the germ of the idea for.

In this hospital of Basil we know that there were both resident physicians and resident nurses, and then besides there were carriers of the sick and also working men and women to do the menial or artisan work necessarily connected with the place. The working people included not only what we would call laborers but also skilled craftsmen, for at that epoch in history there were no great manufactories to which application could be made for various hospital supplies to be shipped on order. Nearly everything that was used

throughout the entire hospital had to be made upon the grounds.

Basil made a specialty of the care of the lepers and by segregating them gave the first hint in modern times as to the methods that must be developed if the spread of disease were to be prevented. It has been suggested that the first nursing order of knightly dignity originated in the Basilias. This was the Order of St. Lazarus which came to include large numbers throughout the world who devoted themselves to the care of lepers. The Lazarus after whom they were named was not the Lazarus who was raised from the dead, the brother of Martha and Mary, but Lazarus, the poor man, who sat at the gate of the rich man's house while the dogs licked his sores and afterwards was appealed to by Dives, the rich man, for some consolation for his sufferings in Hell when Lazarus himself was in the bosom of Abraham. It is after him that the leper hospitals came to be called Lazar houses and it was particularly in connection with this order of St. Lazarus, founded under Basil's initiative, that Lazar houses became so common, after a time, that this great folk disease was brought under control.

Basil's great town hospital also had a special department for the insane. It is sometimes said that one of the unfortunate faults of Christianity was that, influenced by what is said about possession by evil spirits in the Scriptures, there was a tendency to think of all insanity as due to spirit possession. As a consequence of this, it became the custom for many, especially in our time, to say that the insane were not properly cared for by the Christians. On the contrary, because of the feeling that these patients were more or less morally responsible for their condition because they had voluntarily yielded themselves to the devil, it was thought

that hospital care should not be wasted on them. There is absolutely no authority for this and whatever justification there may seem to be for the expression is due to abuses that crept in. We shall see in a subsequent chapter on "Hospitals in the Thirteenth Century" that there was a very sympathetic understanding of the insane and proper treatment of them. Meantime the development of a department for the insane in Basil's great hospital shows that from the earliest days of Christianity a definite effort was made to care for the insane and to provide such quarters for them as would give them the opportunity to get better. Undoubtedly there had to be special nurses with specialized experience so that this was another nursing department in connection with Basil's work.

There is a tradition that Basil and Gregory Nazianzen and the Emperor Julian, that nephew of Constantine who gave up Christianity when he reached the imperial throne and is therefore known as Julian the Apostate, were at Athens together as students. It is easy to understand then that Julian knew of the plans of Basil for the help of the ailing and of other developments in Christian charity. He realized that the future of paganism was hopeless unless it, too, could show works for the benefit of mankind of similar character to those which the Christians were establishing. He sent a letter while he was emperor to Arsacius, pagan high priest at Galatia, directing him to establish a xenodochium, or refuge for strangers, and also a hospice for the ailing in each city, to be supported out of the public revenues. His motive, as he very frankly sets forth, was to rival the philanthropic work of the Christians, who cared for the pagans as well as for their own.

One thing is perfectly clear, that in these early

Christian hospitals no distinction of creed or race had any effect in helping or marring the good work that was done for the ailing poor. Poverty was enough to secure help, but poverty and sickness combined were sure to have an appeal that soon brought aid from these Christians who were intent on the practice of that second commandment of Christianity, "Thou shalt love thy neighbor as thyself."

There are accounts of hospitals erected in the fourth and fifth centuries in Ephesus, where a magnificent hospital came into existence, as also in Alexandria. There is an interesting story told of Macarius, not the saint of that name so well known in the history of the anchorites, but another who was the director of a hospital in Alexandria. He is said to have assured a very wealthy lady of the city that he had opportunities, because of his contact with the many strangers, to secure wonderful jewels for her at a bargain price. She was very glad to give him some five hundred gold pieces for the purchase of jewels for her. A definite day was appointed for her visit to the hospital when she was to see the jewels. When the day arrived and the lady came, very anxious to see the precious gems that were to be hers,—and at a bargain price—the good director of the hospital took her through his hospital wards and showed her with pardonable pride the patients he had been able to take in and care for as the result of her money, each of them comfortably in bed where he or she needed to be because of illness. These were the jewels he had secured with her gold. It is said that she was good enough to accept the situation and to feel that, after all, she had been tempted to do a great good work, rather than spend her money for merely selfish adornment.

III

EARLY ROMAN HOSPITALS

THOUGH Constantine enlarged Byzantium and under the name of Constantinople made it the eastern capital of his empire, Rome continued during the fourth and fifth century to be the center of the civilized world and the presence of the popes there made it the capital of Christendom. From the very earliest part of the Christian era the care of the ailing poor was a feature of the Christian life in Rome. The tradition is that Phebe started her visiting nurse work as a deaconess when she came to Rome, bearing the letter of recommendation from St. Paul, but we have no definite records with regard to it. The recurrence of persecutions of the Christians from time to time discouraged the keeping of records and the vicissitudes of time played sad havoc with any there might have been. With the dread of persecution constantly hanging over them, at most only small hospitals could be opened in private houses and the deaconesses and widows devoted themselves largely to what we would call visiting nurse work.

As early as the second century, however, there is the definite record that wealthy converts to Christianity in Rome turned their private palatial homes into hospitals and took care, not only of the strangers who needed shelter or hospitality, but also of the ailing poor. Gibbon, who is not likely to exaggerate any influence for good exerted by Christianity, speaks of the senators, members of old Roman families of distinction,

who had become Christian converts and particularly their wives, some of whom were descended from old patrician families, transforming their palaces and villas into hospitals and homes of various kinds for the benefit of those in need.

The first important hospital in Rome we owe to Fabiola. She was a daughter of the distinguished family of the Fabii, one of whose number was Fabius, the dictator, to whom was intrusted the defense of Rome when all seemed lost and who, by his delaying tactics, saved Rome from Hannibal. According to tradition Fabiola was a very handsome, charming young woman who, while still a pagan, married a husband who proved to be only a fortune hunter, divorced him and then married again, the second time also unhappily. She became a convert to Christianity and then, thinking of her divorces and marriages as something of a public scandal in Rome, she with the consent, or even perhaps, by the advice of St. Jerome took her place, literally in sack cloth and ashes, among the penitents at the church door. After this she devoted herself and her possessions entirely to the care of the ailing poor.

It was she who, just before the end of the fourth century, built the first public general hospital in Rome, which was meant particularly for the ailing and was not to be a house for the reception of strangers or travelers. St. Jerome calls it in his eulogy of Fabiola after her death a nosocomium, the Greek term for our hospital. He cannot find words of praise that seem ample enough to express his appreciation of her work. In his eulogy there is this passage which describes her self-abnegation:

"Here she gathered together all the ailing from the

highways and byways, and devoted herself to nursing the unhappy, emaciated victims of hunger and disease. Can I describe here the many and varied scourges which afflict human beings?—the mutilated, blinded countenances, the partially destroyed limbs, the livid hands, swollen bodies, and wasted extremities?" He gives details of her work as he witnessed it: "How often have I not seen her carrying in her arms these pitiable, dirty, and revolting victims of a frightful malady! How often have I seen her wash wounds whose fetid odor prevented everyone else from even looking at them! She fed the sick with her own hands, and revived the dying with small and frequent portions of nourishment. I know that many of the more delicate cannot overcome the repugnance caused by such works of charity. I do not judge them, but, if I had a hundred tongues and a clarion voice, I could not enumerate the number of patients for whom Fabiola provided solace and care. The poor who were well envied those who were sick."

Fabiola came to be so thoroughly appreciated for her good works by the Roman populace, that they almost worshiped her. This was because of the personal character of her services for the poor. She did not merely provide funds for good works, but she gave herself to them. When she died they crowded to her funeral in such large numbers that it was almost impossible for the procession to pass through the narrow streets. Unfortunately, their zeal to show their appreciation was so great that the crowds became jammed and some people were actually trampled to death.

Fabiola did not confine her beneficence to the hospital alone. She was not of those who feel that one

work of charity must absorb all their attention and that they must confine themselves to that. Wherever she found good to do, she did it. St. Jerome tells us that there never was anyone in want to whom she failed to give whatever was most needed, if only her attention was called. The monasteries and convents that were beginning to be founded particularly interested her and she helped them very liberally, for she knew from her personal experience, how much good they would do for the poor and the ailing and she knew how much there was to do. She seems to have organized a visiting-nurse system in Rome for the sake of the poor in their homes and also a group of young men stretcher-bearers, who carried the poor from their homes to the hospitals. In a word most of the features of modern hospital work in so far as it provides service for the poor, including ambulance service, was anticipated by this worthy daughter of the Roman patricians, who devoted herself and her wealth to those in need, exemplifying the spirit of Christianity in the highest degree.

A group of the women, who were descendants of the oldest Roman families, used to meet at the house of Marcella on the Aventine Hill—the fashionable quarter of Rome. They learned to devote themselves to various phases of humanitarian work which they called by the old-fashioned term, Christian charity. Marcella was a descendant of the Marcellus family, so well known in Roman history, and after her conversion she turned her house into what was practically a social center, which was really, in a sense, a convent from which emanated all sorts of inspiration. Her palace was in the most exclusive residence quarter of the city and excavations made over its site confirm the traditions with regard to its use. It is often spoken of as

"the mother of convents" and deserves that name at least so far as western Christianity is concerned.

It was with Marcella and her friends and companions that Paula and Eustochium, the friends of St. Jerome, learned to devote themselves to the service of others. Paula is said to have been a descendant of the Scipios and the Gracchi. After a time she and her daughter founded a monastery in Bethlehem where they devoted themselves to helping St. Jerome in his translation of the Scriptures for the edition known as the Vulgate. St. Jerome has given them due credit for their biblical work. They also built shelters for the pilgrims who came to visit the Holy Places and hospitals for those who might fall ill, so far away from home. According to tradition they promoted the erection of a hospital also in Jerusalem. Paula was, in spite of her patrician descent, a very practical-minded woman and the hospital buildings she erected were plain and of but one story, for she thought it better to spend money on the poor than on fine buildings.

In one of his letters St. Jerome gives some detailed information as to the duties which these Roman ladies took on themselves in order to be of service to the poor. Writing to one of his protégés to whom he had been recommending earnestly various practices of charity, he says: "And even when you have done all the things I have mentioned, you are still surpassed by your sister Eustochium, as well as by Paula."

Jerome emphasizes how genteel they had been before their conversion: "I have heard that they were (in former days in Rome) too dainty to walk the muddy streets, that they were carried about in the arms of eunuchs, that they disliked crossing uneven ground, that they found a silk dress a burden and felt sunshine

too scorching. But now, squalid and somber in their dress . . . they trim lamps, light fires, sweep floors, clean vegetables, put heads of cabbage in the pot to boil, lay table-cloths and set tables, hand cups, help to wash dishes and run to and fro to wait on others."

Manifestly these Roman matrons had taken up the works of charity actively and had changed all their former habits in order to give themselves to the service of the poor. Yet it must not be forgotten that they were educated so well that their translation of the Psalms for the Vulgate has always been considered a literary work of high order.

IV

MONASTIC MEDICINE AND NURSING

AT the beginning of the chapter on "Monastic Medicine" in my volume of the Calvert Series on "The Catholic Church and Healing," * I described the cultural and social situation which developed as the result of Roman decadence. With the fall of the Roman empire and the further invasion of the Roman world by the barbarians, culture and civilization to a very great extent disappeared and only whatever the monasteries preserved of the intellectual life remained. The monks were more interested in religion than in medicine, but the copyists in the monasteries saved many of the medical classics from disappearing. Besides, the charity of Christ urged them to the care of the ailing, and this led them to the preservation of precious medical traditions which otherwise would have been lost. The best illustration of this is to be seen in the fact that the idea and practice of anesthesia in surgery continued among them and some reference to it can be found in nearly every century of the Middle Ages.

The monasteries were houses of call for travelers and, as a result, inevitably had to assume the care of ailing travelers who contracted or developed disease on their journey. Besides, most of the monasteries had tenant-farmers on their estates and the monks were interested in their health, not only for material considerations, but principally from the motive of Christian

* The Macmillan Co., New York, 1927.

charity. Last but by no means least in these considerations, there was the infirmary in the monasteries for the ailing monks as well as in the convents for the sick nuns; and infirmarians were provided who were expected to have been trained and taught, as far as possible, to care for the ailing. These infirmarians gathered whatever medical knowledge they could obtain, making use of the monastic medical traditions to the best advantage.

The Rule of Benedict, founder of the monks of the West, said: "Before all things and above all things care must be taken of the sick." Benedict himself died of fever contracted while caring for the poor near Monte Cassino. An example of this kind from their founder could not fail to be fruitful. The Benedictine monasteries became the repository of important traditions in medicine and surgery, and their scriptoriums, or writing rooms, preserved many of the old Greek and Latin medical and scientific writings from perishing from the face of the earth in the midst of the contemporary neglect of the intellectual life during the invasion of the barbarians in the early Middle Ages. Their gardens supplied the herbs which were considered to be so precious for the treatment of the various human ills even down to our own day. The beginnings of modern medical education can be traced mainly to monastic influence.

The relationship between medicine and the monasteries in the early days is well illustrated also in the career of Cassiodorus. Early in life he attracted the attention of King Theodoric, of whom he became prime minister. After the death of the king, Cassiodorus at the age of fifty felt that he could do more good by his example in the religious life than by pur-

suing a political career further. A few years previously Benedict had founded at Monte Cassino the religious order called after him, the Benedictines, and it was undoubtedly in imitation of Benedict's institution that Cassiodorus erected the monastery of Vivarium on his own estate. Here he lived to the ripe old age of ninety-three, spending almost as much of his life as a monk as he had spent in the world.

Cassiodorus himself drew up the rule of his monastery, and he emphasized the fact that monks should make researches and devote themselves to the increase of knowledge. He called attention particularly to the needs of the monastery in the matter of a knowledge of medicine on the part of its infirmarians, and he equipped the monastery library with a number of the best-known medical books of the Greeks. There is a definite tradition that he made it an obligation upon the infirmarians, who had charge of the sick in the monasteries, to consult the works of Hippocrates and Galen and to be guided by them in their care of the ailing. These infirmarians were not physicians, however, but nurses in our sense of the term.

Herbal, or Galenical, medicine, as it is called after Galen, the great Greek physician of Marcus Aurelius at Rome, owes the preservation of the traditions of therapy and the supply of the ingredients for the practice of it to the monasteries. This mode of medicine ruled the medical profession until the present generation. Shakespeare's picture of the monk in medicine is not a poetic fancy but a portrayal of the realities of history. Friar Lawrence in "Romeo and Juliet" represents a survival of the tradition that monastery gardens were the usual source of plants and simples of various kinds that would be beneficial for ailing man-

kind. Friar Lawrence himself in the play suggests that he knew not only the qualities of plants but also of minerals. He was a true Galenist:

> "Oh, micle is the powerful grace that lies
> In herbs, plants, stones and their true qualities:
> For naught so vile but on the earth doth live,
> But to the earth some special good doth give."

It is easy to understand then how much the monks were occupied with the care of the ailing and how much their example must have meant for the people. What Benedict accomplished for the men in the breaking up of the Roman empire when all interest in the things of the mind came near perishing, by providing an opportunity for the cultivation of the intellectual and the spiritual life, Scholastica, his sister, did for the women by the foundation of the Benedictine nuns. The Benedictine nunneries came to be large and important institutions whose abbesses exercised an immense amount of influence, and who came to have seats in parliaments and were often consulted by distinguished men of their time, for we have letters written asking for their advice by popes and kings and archbishops and the higher nobility. The women, even more than the men, came to be occupied, not only with problems of healing connected with the members of the convents, but also with the peasantry or tenant-farmers on their estates. Such an interest may seem surprising to many people, but not to those who are familiar with the work of the Sisters in our hospitals, nor with their visits to the sick poor in our cities, as certain of the orders practise them around us at the present time.

After all, the women of the Middle Ages were supposed to be skilled in healing and in the dressing of

wounds as well as in what was called leechcraft generally. They were supposed to be trained in that by their mothers from their youth. Men fought and were wounded and the women dressed their wounds and were ingenious in their resources for this purpose. In the well known twelfth-century love story of Aucassin and Nicolette when Nicolette finds her fiancé, Aucassin, wounded, she tears up strips of her petticoat in order to bind up his wounds. Her care for him, in this way, was looked upon as the most natural thing in the world.

They were much more natural about such things and frank in the Middle Ages than has been the custom in the modern times, until perhaps very recently. The Benedictine monasteries took care of the improvement of the stock, not only of the monasteries themselves, but also of their tenant-farmers. Good breeds of cattle were distributed from monastery to monastery, and plants were carefully raised so as to secure those that would provide the best crops in particular regions. What was done in the monasteries was also done in the Benedictine convents. There was no prudery about such matters, and therefore there was the knowledge of natural things that came without any pruriency, and it was applied to the best possible advantage. The infirmarians took care of the nuns and with their assistance also helped the tenantry in times of illness; not infrequently portions of the monastery were occupied by ailing members of the nobility, and sometimes the weakling or feeble-minded children of neighboring nobles were cared for in this way in the monastic institutions. They thus came to have a knowledge of nursing that was very much appreciated and used to the best advantage.

As was only to be expected under the circumstances,

there accumulated a large amount of information with regard to the care of the ailing, as well as with regard to illnesses and their cure. All this was very valuable. Not a little of the administration of remedies which they practised was of no significance from the standpoint of physical therapeutics and represented rather the influence of the mind on the body under favorable circumstances, but then that has always been true. In my book on "Cures" * I have pointed out how many remedies have come into vogue, been highly praised for curative purposes and then been forgotten. This has happened over and over again, not only in popular medicine, but also even among scientific physicians. Physicians have often been quite sure that they had some new medicine which was working wonders and, after a while, have found that the remedy in question had no physical efficacy but owed its supposed marvelously curative power to the influence produced on the patient's mind. That is why, as has been so well said, the therapeutics of any generation is almost inevitably absurd to the next generation. Whatever of information in medicine was available for the proper care of patients, these nuns possessed to a great extent.

How much information was accumulated in the Benedictine nunneries and how well it came to be used, is very well illustrated in the writings of the Abbess Hildegarde. She was the abbess of the Benedictine nunnery at Disibodenberg, not far from Bingen-on-the-Rhine, during the twelfth century, and her years run nearly parallel with that century. She wrote a volume called *Liber simplicis medicinæ* and another called *Liber compositæ medicinæ*. The first of these works, consisting of nine books, treats of plants, elements,

* Appleton, New York, 1923.

trees, stones, fishes, birds, quadrupeds, reptiles and metals. This was supposed to furnish a basis of knowledge of natural things that would be helpful as a groundwork for such medical study as would aid in the care of patients. The second work in five books treats of the general diseases of created things, of the human body and its ailments, of the causes, symptoms and treatment of diseases.

Modern scientists who have devoted some attention to the study of Hildegarde's work have not hesitated to declare that the descriptions of many scientific subjects, which the abbess gives, abound in observations worthy of a scientific inquiring spirit. Dr. Melanie Lipinska in her *Histoire des femmes medicins,* a thesis presented for the doctorate in medicine at the University of Paris in 1900, subsequently awarded a special prize by the French Academy, reviews Hildegarde's work critically from a medical standpoint. She says that the saint distinguishes a double mode of action of different substances, one chemical, the other physical or what we would very probably call magnetic. She discusses all the ailments of the various organs, the brain, the eyes, the teeth, the heart, the spleen, the stomach, the liver. She has special chapters on redness and paleness of the face, on asthma, on cough, on fetid breath, on bilious indigestion, on gout.

Besides, Hildegarde has other chapters on nervous affections, on icterus, that is, jaundice, on fevers, on intestinal worms, on infections due to swamp exhalations, and dysentery and a number of forms of pulmonary disease. In my volume, "Old Time Makers of Medicine," * I said: "Nearly all of our methods of diagnosis are to be found, hinted at at least, in her

* Fordham University Press, 1911.

book. She discusses the redness of the blood as a sign of health, the characteristics of various excrementitious material as signs of disease, the degrees of fever, and the changes in the pulse." Of course, it was changes in the humors of the body that constituted the main causes for disease in her opinion, but it is well to remind ourselves that our frequent discussion of autointoxication in recent years is a distinct return to this.

Some of Hildegarde's anticipations of modern ideas are, indeed, surprising enough. For instance, in talking about the stars and describing their course through the firmament, she makes use of a comparison that is rather startling. She says: "Just as the blood moves in the veins which causes them to vibrate and pulsate, so the stars move in the firmament and send out sparks as it were of light like the vibrations of the veins." This is, of course, not an anticipation of the discovery of the circulation of the blood, but it shows how close were men's ideas to some such thought five centuries before Harvey's discovery. For Hildegarde the brain was the regulator of all the vital qualities, the center of life. She connects the nerves in their passage from the brain and the spinal cord through the body with manifestations of life. She has a series of chapters with regard to psychology, normal and morbid. She talks about frenzy, insanity, despair, dread, obsession, anger, idiocy, and innocency. She says very strongly in one place that "when headache and migraine and vertigo attack a patient simultaneously they render a man foolish and upset his reason. This makes many people think that he is possessed of a demon, but that is not true." These are the exact words of the saint as quoted in Mlle. Lipinska's thesis.

It is no wonder that Mlle. Lipinska thinks St. Hilde-

garde the most important medical writer of her time. Reuss, the editor of the edition of Hildegarde published in Migne's "Patrology" says: "Among all the saintly religious who have practised medicine or written about it in the Middle Ages, the most important is without any doubt St. Hildegarde. . . ." With regard to her book he says: "All those who wish to write the history of the medical and natural sciences must read this work in which this religious woman, evidently well grounded in all that was known at that time in the secrets of nature, discusses and examines carefully all the knowledge of the time." He adds, "It is certain that St. Hildegarde knew many things that were unknown to the physicians of her time."

What interests us particularly here is that Hildegarde's writings probably represent the accumulation of medical information and the care of the ailing as it was practised in the Benedictine nunneries of several centuries before her time. Far from the ladies in these convents lagging behind the medical world of their day, Hildegarde's works make it very clear that they had actually reached a position of leadership. There is no doubt at all that Hildegarde represents the most scientific-minded contributor to medical knowledge during the twelfth century. She demonstrates that the Benedictine nuns must have known much about the care of the ailing and that they must have applied their knowledge very well, not only for the benefit of the members of their order, but also for others with whom they were brought in contact. Many of them were skilled infirmarians and many others were nurses who had been trained to do what was best for the various ailments, so far as that was known at that time.

This chapter of medical knowledge and of nursing

in the Benedictine nunneries is not only very interesting but important in the history of nursing. It shows that they were not at all the prey to superstition and folklore in medicine that some people supposed them to be. Hildegarde's declaration that when men become violently insane they are not possessed of a demon shows that the ordinary notion with regard to the supposed explanation of insanity as possession by the devil in the Middle Ages may have been true for the populace, but was not for those who had a right to an opinion in the matter. This attention to practical medical matters on the part of the nuns is not surprising once it is appreciated how much women generally were expected to know about healing and the application of various remedies for the cure of ills in their families, and for skilled care for their men folk when they were injured or ailing or wounded.

Miss Eileen Power, the Reader (that is, in our university terminology, lecturer or professor) in Medieval Economic History at the University of London, says in her monograph on "The Position of Women" (in the Middle Ages) in the volume "The Legacy of the Middle Ages":* "Life was far less professionalized in the Middle Ages; a doctor was not to be found round every corner, and though the great lady in her town house or the wealthy bourgeois might find a physician from Oxford or Paris or Salerno within reach, someone had to be ready to deal with emergencies on the lonely manors. Old French and English romances are full of ladies physicking and patching up their knights, and household remedies were handed down with recipes for puddings and perfumes from mother to daughter; such knowledge was expected of them, as

* Oxford University Press, 1925.

it was expected of the 'wise woman' who mingled it with charms and spells. There exist also various treatises on the diseases of women which are obviously written or translated for their own use, and in an English version of the *De mulierum passionibus*—(which does not mean the passions of women but their diseases or sufferings)—(attributed to the great medieval woman physician of Salerno, Trotula) the translator asserts himself as having undertaken the work in order that women shall be able to diagnose and treat their own diseases."

As Miss Power says, "The lady was thus obliged not only to be housewife in her own capacity, but also amateur soldier and man of the house in her husband's absence and amateur physician when no skilled doctor could be had. She was supposed to be manager of the household and to know how to choose and treat servants, to air and mend and keep moths out of clothes and furs, to know the best recipes for catching fleas and other 'familiar beasts to man,' and for keeping bedrooms free of mosquitoes and barns of rats." There is even the injunction from one husband to his wife, "If one of your servants fall ill, do you yourself, laying aside all other cares, very lovingly and charitably care for him or her."

All this serves to give a good idea of what was expected of women in the matter of caring for others when ill, so that it is easy to understand that the infirmarians of the monasteries and convents were well trained in the matter of nursing and they must have imparted a good deal of information and provided not a little similar training for the housewives of the neighborhood, and especially for those who were tenants of the monasteries. No wonder that St. Bernardino de-

clared, "It is a great grace to be a woman because more women are saved than men." The good Italian saint felt that women had ever so many more opportunities and incentives for doing good, and therefore were ever so much more likely to get into heaven.

V

LEPER HOSPITALS AND DISEASE PREVENTION

ONE of the marked features of the countryside in a great many places in most European countries during the Middle Ages was the presence of a leper hospital. These refuges were not at all, as a rule, the ugly, forbidding-looking institutions we are likely to think, in which those hopelessly ailing from a progressive, surely fatal and hideously mutilating malady were confined as in a prison, and where there was no consolation in life. On the contrary they were as a rule rather pretty enclosures of groups of houses surrounded by trees, most of them with cultivated gardens, and in the midst of them very often their own charming little chapel. The effort was as far as possible, to make all the leproseries like this. The lepers themselves were not absolutely confined within their hospitals but were allowed to go out on the highways, provided they kept to the windward side of people who were passing, and on condition that by means of a clapper or bell they warned the passers-by of their presence, so as to avoid all personal contacts.

When kings or queens or members of the higher nobility passed by these institutions, they often stopped to leave an alms and some of them, like Louis IX of France or Margaret of Scotland, or the saintly royal members of such families as that of St. Elizabeth of Hungary, would turn aside to visit the lepers and would be sure that the patients had a high festival day in

honor of the visit. The lepers were not shunned, though they were absolutely segregated and special care was taken of them. Men like Francis of Assisi, or women like Catherine of Siena, treated them with the highest consideration and brought gleams of joy into their lives. As a rule when the lepers did not have their own chapel they were not allowed to go to church with well people, but a special slit in the church wall was provided through which they heard Mass, and sometimes even received the Eucharist. Occasionally some of the inmates of the leper houses were declared cured and after medical inspection were allowed to return to their homes and their ordinary mode of life. Undoubtedly a number of the cases that were called leprosy in the Middle Ages were not that dread disease but other chronic skin affections, which were not as yet differentiated from leprosy. Some of the medieval cures of leprosy however were real, for in recent years we have found, since special attention has been paid to lepers and they have not merely been segregated and neglected and allowed to die, the cure of the disease is possible and that a material element in the tendency to the cure occurs as the result of good feeding, a contented state of mind and a getting into better physical condition than before.

This was actually what happened during the Middle Ages, and there were nurses, both male and female, for these leper hospitals, who saw that the lepers were properly cared for and that the institutions were carried on in such a way as to secure isolation, and yet at the same time, making the condition of the lepers as satisfactory as possible.

The fate of the lepers was by no means so disturbing and hopeless as has often been pictured and de-

scribed. Above all, the state of mind in which they faced their ailment often brought with it even a certain satisfaction that amounted almost to happiness in life. All those who visited them used to ask to be remembered in their prayers because the feeling in the Middle Ages was that the text of the Scripture, "Whom the Lord loves He chastises," was literally true. It was declared then, that these people who had to suffer so much and with such little hope of ever being cured, though they were never entirely without hope, must be very close to heaven and their prayers must have special import. As a result of this the lepers themselves often came to feel that they were intermediaries between heaven and earth, and they offered up their sufferings for the benefit of mankind and particularly for those who had been kind to them, or who, for some special reason, had asked for their intercession. This gave them a definite mission in life and made them feel that their sufferings were not in vain.

The segregation of the lepers was definitely insisted on, mainly by the ecclesiastical authorities, to whom must be attributed the enforcement of life apart from others. They inherited this mode of caring for the lepers from the Jewish dispensation and felt that they were thus following a revelation from on high. The custom gradually brought about the eradication of the disease from western Europe.

In the earlier Middle Ages there had been a large number of cases of leprosy and these were greatly added to, if not multiplied by, the free contact of the East with the West at the time of the Crusades. As a result leprosy probably became almost as much of a folk disease as tuberculosis came to be toward the end of the nineteenth century when consumption carried off

more people than any other affection. What is interesting for modern medicine is that the enforced segregation of the lepers brought about the absolute elimination of the disease, and thus taught a very precious lesson. In modern times it was not until our tuberculosis sanatoria developed to enable us to segregate a large number of cases and, at the same time, to train patients in such habits as prevented the diffusion of the disease, and teach other people how to avoid the contagion, which was not a difficult matter, that the great reduction in the mortality from the disease occurred.

The segregation of the lepers, however, and the eventual conquest of leprosy by the absolute segregation of the disease through the institution of nursing homes in which they were cared for, brought an unexpected benefit for mankind in its train that was of supreme value for the race. Out of the experience with leprosy came the development of a generalized system of disease prevention, which meant a very great deal for lessening death and suffering. Until the demonstration of the possibility of disease prevention came as the result of the care of the lepers, no one had ever thought that disease could be prevented on a large scale. Strange as it must always seem to the moderns, the wise old Greeks, usually so acute in observation, did not discover the principle of infection and contagion. As Sudhoff, the well known German historian of medicine, said in his "Essays in the History of Medicine," * it was not until the fifth century of the Christian era that in the course of medical tradition we first encounter an explicit statement of the transmission of disease by contact (contact infection) and

* Medical Life Press, New York, 1926.

its restriction by isolation. Sudhoff says, "In his ever memorable hospital city of Cæsarea, Basil the Great (that is St. Basil) materialized the centric idea of charitable nursing in the loftiest manner and even provided for and erected an isolation house or home for lepers."

As a result of the success of the isolation of lepers, in preventing the spread of that disease, the churchmen of the Middle Ages applied the idea of disease prevention by definite regulations and restriction of contact to other diseases and succeeded also in suppressing or greatly lessening them also. The most meticulous precautions were taken against the spread of the disease. Letters brought in by post were fumigated. Even gold and silver money was disinfected. The bedding of patients who had died of contagious disease was burned. Domestic animals were placed under control, because there was more than a suspicion that they could under certain circumstances be the carriers of disease. Above all, the cleanliness of cities was looked to very carefully and the control of street dirt and the provision of water supply did much to prevent disease.

Sudhoff says that "In the thirteenth century so forward in science and knowledge, the general concept of contagious diseases became current." As a result of this the definite organization of what we would call a crusade of information amongst the people for the prevention of disease took place and various sets of mnemonic verses, rhyming couplets, that clung to the memory, were elaborated, so that people might readily carry the necessary information with regard to contagion about with them and communicate it to others, in a form under which it was likely to be remembered.

At a time when reading was not common, for printing had not yet been invented, this method solved the problem of the popular diffusion of knowledge with regard to contagion and the prevention of disease.

At the beginning of the fourteenth century, altogether more than a dozen of diseases were looked upon as contagious, and special care and definite precautions were taken to prevent their spread. Erysipelas has always been one of the scourges of hospitals, especially where surgery is done, or injured or wounded patients treated, or where maternity cases are cared for. Special hospitals for erysipelas, which was then known as "St. Anthony's fire," were organized and a special religious order consisting of men and women, in separate branches, took care of these patients. They did not nurse any others except those who were afflicted with this disease, so that they were not likely to bring about the spread of the affection. When the religious revolt suppressed the religious orders, these special hospitals disappeared and erysipelas came back to be seriously fatal for surgical and maternity patients. Oliver Wendell Holmes emphasized the danger from it in the production of parturient fever.

Municipal authorities were required to halt patients outside the city gates when they were suffering from any of these known contagious diseases and keep them confined there for a definite time. Thirty days were supposed to be enough at first, but after a while forty days were required, and as the ecclesiastical term for this period is a quarantine, as will be recalled from the fact that in the old times indulgences used to be given for "seven years and seven quarantines," this word was adopted into sanitary science and now we speak of quarantine, not as a length of time, but as segrega-

tion from others for the purpose of preventing the spread of disease. Every national or municipal quarantine station should be a reminder of how much the ecclesiastical authorities did for the development of disease prevention in the older time. The civil authorities, not only specifically forbade those who were themselves actually suffering from disease, but also those who were intimately in contact with patients from having anything to do with buying and selling, and above all with traffic in articles of food and drink, as well as other materials of intimate human association with the person that might be expected to carry disease. When typhoid fever or contagious sore throat develops in the modern time in a number of patients, the physicians and health authorities look at once to the milk supply, but the idea that is behind these modern sanitary and hygienic procedures comes from what used to be called the benighted Middle Ages.

Sudhoff says very emphatically that, "All this knowledge of how to prevent disease is the achievement of the gloomy Middle Ages, hitherto penalized as the period of medical scholasticism, though now with tardy justice recognized as having accomplished good work."

All of this could not have been accomplished only that men and women were ready to take up the work of caring for these unfortunate patients and, while bringing some consolation to their lives, making their existence in segregation livable. As we shall see in the chapter on the influence of the Crusades on the development of nursing, when contact with the East increased the amount of leprosy, a special nursing order for lepers under the patronage of St. Lazarus came into existence. This comprised not only men, but women, and it is easy to understand from what we

know about leprosy in the modern time how much of good was thus accomplished. We have had similar examples in the modern time. The first hospital for consumptives in this country was Seton Hospital under the Sisters of Charity in New York and we know now how much of the spread of contagion that and other similar institutions spared. Religious orders of nursing men and women had a good deal to do with the quarantine that was organized throughout Europe and which was usually enforced very much as quarantine is at the present time on islands just outside the ports to which vessels were destined, though of course there were also similar attendants for quarantine stations outside of the walls of the interior towns.

Leprosy has not completely disappeared in our day and the care for those suffering from it so as to make them as comfortable as possible during the progress of their disease and, at the same time, secure protection against the spread of the affection has been very largely in the hands of Sisters, who have volunteered for that purpose. We have heard much of Father Damien and his magnificent self-sacrifice in devoting himself to the lepers at Molokai, and yet we have heard comparatively little of the Sisters who went out there to help him. Probably in a dozen places throughout the world Sisters have been willing to give up everything that they held dear in order to devote themselves to these suffering human beings. Just as when we began to realize that consumption was contagious and not hereditary, Sisters took up the work of helping in the prevention of that contagion, so it is with regard to leprosy. The amount of heroic courage required for this purpose can scarcely be measured. A

woman shrinks from the dangers of contagion and mutilation involved in this work much more than a man, and yet, without any blare of trumpets, these women have taken up the humanitarian task of helping fellow mortals in distress, while saving the community from a real danger.

Theodosia Garrison, in a brief poem, has pictured very beautifully and very strikingly this quiet courage of the women who nurse the lepers. Surely most of us have the feelings that she has portrayed and we feel that the quiet courage of the woman in humble obscurity, beside the bedside of her lepers, far transcends that of the young soldier who, amid the blare of trumpets and the stimulus of war and its surroundings, moves bravely on to death that will be brief in suffering or victory that will be glorious indeed:

COURAGE

I pictured courage once as crimson-clad,
Bearing the thrill of bugles in his name,
Burning toward victory as some swift flame.
I pictured courage as a slender lad,
Daring a dragon, or a martyr glad
Upon his way to torture and to shame.
I pictured courage courting hurt and blame
To prove the high conviction that he had,
And though defeated turning still to jest
Above the wound he covered in his breast.

But when I think of courage now, I see
A braver woman who has thrown away
The joys that make life beautiful, to stay
A servant in the house of leprosy;
Oh, well, when courage leaps to bugles! she

Must very quietly long day and day
Face the white death no human hand may stay,
Serve the long anguish that she may not free,
This was the courage of the Man who chose
The path to Calvary—nor feared its close.

VI

MEDIEVAL HOSPITALS, THE CRUSADES AND NURSING ORDERS

IN the earlier centuries of the Middle Ages hospitals were necessarily few because the incursions of the barbarians disturbed civic life to such an extent as to make the development of public institutions of this kind almost impossible. Just before the beginning of what is known as the Middle Ages, hospitals were usually erected in connection with the churches. After the foundation of the monks of the West by St. Benedict and the imitation of his community by others, the hospitals gradually came to be in the hands of the monks. Pope Gregory the Great, who sent Augustine to England and who well deserves the adjective that has been associated with his name for the way in which he saw the needs of every part of Christendom and endeavored to bring assistance, placed the hospitals directly under the care of the monks. They were expected to associate with themselves seculars, who would have even a preponderating influence so far as money matters and material things were concerned.

Under these circumstances a great many hospitals came into existence in the various countries. We have accounts of a number of them in France, including at least a dozen of them that were called Hôtels Dieu in the more important cities among the Franks. Many hospitals, of which, however, comparatively little is known, were founded in the seventh and eighth centuries in the smaller towns of all the European coun-

tries. The larger cities had many. Du Cange in his "Byzantine History" in his description of Christian Constantinople enumerates no less than thirty-five hospitals in the Eastern imperial capital. Du Cange wrote two hundred and fifty years ago, but he is considered a good authority, and his work has been confirmed by subsequent students.

The development of the hospital movement throughout Christianity in the Middle Ages is very well illustrated by the story of hospital foundations in the distant west of Europe—in England. Miss Clay in her volume on "The Medieval Hospitals in England" says: "It will surprise many to learn that—apart from actual monasteries and priories, there existed upwards of 750 of such charitable institutions in medieval England. To appreciate the relative magnitude of this number it must be remembered that the total population was smaller than that of London at the present day. The fact proves the clergy and laity were battling bravely with social problems." Miss Clay has given details with regard to a great many of these English medieval hospitals and has shown how important some of them were, though many of them were but small foundations. She has brought out very well how much private benevolence did in organizing for the care of the ailing poor, always turning to the Church and the religious for the carrying out of their good wishes, while the benefactors were still alive, and particularly after their death. There were many men like Dick Whittington of cat fame, "the model merchant of the Middle Ages," who were liberal benefactors of the hospital work of their time.

The great military expeditions sent from Europe for the reconquest of the Holy Land usually called the

Crusades, because all the volunteers "took" and wore the Cross as a pledge of their enlistment, proved a great awakener to Europe. In nothing was this beneficial effect of these great movements more noticeable than in the stimulus which they gave to the foundation of the nursing orders. The Crusades, seven in number, occurred at various times from the last decade of the eleventh century until the latter half of the thirteenth century. At successive intervals there was a renewal of interest in the care of wounded soldiers, which gave a new impetus to nursing and the care of the sick and wounded. Returning Crusaders brought back with them to the various countries of Europe the stories of these nursing orders that were founded in Jerusalem and that brought about the establishment of hospitals and of arrangements for nursing in many places.

The story of the development of nursing in Jerusalem goes back beyond the Crusades. Very soon after the ascension of Christ, Christians from various, even distant, parts of the world began to make pilgrimages to what were called the Holy Places, that is, the localities which had been hallowed by the footsteps of their Lord and Saviour; as a result, hospices and hospitals of various kinds had to be provided for their care. Women undertook the pilgrimages as well as men, in spite of the fact that the journeys were long and very trying. There were not so many of them, but it is easy to understand that sometimes, for both men and women, nursing care had to be provided because of serious dangers. While pilgrims were willing to stand a great deal of hardships and even submit to severe physical suffering in that land where there had been no place for Christ and His Mother except the

stable at Bethlehem, the hearts of Christians around them went out to them in pity and commiseration and, as we have seen in preceding chapters, from the very earliest times there was a definite organization of care for the ailing made by the Christians in Palestine. Above all, the Roman patrician ladies, Eustochium and Paula, under the influence of St. Jerome, established refuges for the Christian pilgrims in and around Jerusalem and at Bethlehem.

This hospital organization in the birthplace of Christianity continued until the Mohammedans conquered Palestine and took possession of Jerusalem. Pilgrims were still permitted to come on pilgrimages to the Holy Land, but, as it is easy to understand, serious abuses developed. It was very hard for the Christians to supply care for the pilgrims who were imposed on in various ways, so that there was a great deal of suffering. There is a definite tradition that even before the Crusades, some men who had made the pilgrimage to the Holy Places banded themselves together so as to provide care for other pilgrims. Not long after the beginning of the second millennium, about the middle of the eleventh century, certain rich merchants of Amalfi in southern Italy, influenced by the ill treatment at the hands of the infidels and the miseries and indignities which they saw inflicted on pilgrims, established two hospitals at Jerusalem under the protection of St. John and St. Mary Magdalen. These hospitals were founded with the definite purpose of caring for all who needed care, without any distinction of creed or race. Even Mohammedans who were in need, and above all, if they were ailing, were received into the hospitals and were cared for with quite as much attention as if they had been Christians. Pil-

grims who had been robbed on the way, sometimes even of their clothing, had restoration made them and a great work was accomplished. The greater the need the more zeal to meet it.

When the immense armies of men went out at the summons of Peter the Hermit to reconquer the Holy Land at the end of the eleventh century, a great many of them suffered from the length of the journey and the hardships of the road; many were wounded in the fighting; others suffered from disease, because of the hot climate of the East. There was great need for skilled care, and these two hospitals, St. John's and St. Mary Magdalen's, proved the nucleus for a further organization of hospitals. When Godfrey of Bouillon, after having captured Jerusalem, was made king of Palestine and refused to wear a golden crown where his Saviour had worn a crown of thorns, and substituted for gold one of iron, it is not surprising to hear that his first act on coming to Jerusalem was to make an inspection of the hospitals so as to be sure how his wounded soldiers and others in need of care were provided for. The wounded soldiers who were in them were loud in their praises of all that had been done for them, and Mills in his "History of the Crusades" has given an account of the wonderful charity which inspired the attendants at the hospitals. He tells that while the attendants made for themselves bread from the coarsest flour, including even bran, that given to the sick was made of the finest flour. This was but an index of the devotion that was exercised in the care of the patients. Unconsciously the nursing staff were providing the best for themselves by serving the whole wheat bread, but the knowledge of the value of that came much later, indeed in our own time.

The enthusiasm aroused among some of the young Crusaders, particularly for the great work of charity that was being accomplished in the hospitals, induced a number of them to join the hospital staff of nurses in order that they might, in that Holy Land where He had died for men, give themselves entirely to the service of others. It is easy to understand that the great heart of humanity in Europe went out liberally to the wounded soldiers and the caretakers of them in Jerusalem, and so it was not long before, following the example of Godfrey of Bouillon who had already endowed the hospital with various rent-giving properties in Europe, a magnificent endowment in the shape of manors and estates which would afford regular income was given to the hospitals in the Holy Land. During the Great War of the twentieth century men were pleaded with to give for the sake of the soldiers abroad until it hurt. We know how far-reaching was the result of this plea. These were only human motives that were appealed to; motives both human and divine were set in motion for the Crusaders and those who were devoted to their care.

It was under these circumstances that the great nursing orders, the Knights Hospitallers of St. John and the Sisters of St. Mary Magdalen of the Hospital, came into existence. These latter are sometimes spoken of as the Sisters of St. John because the male hospitallers came to be so much better known.

After a time, in the course of their work, the Hospitallers of St. John found that sometimes, while they were assisting the wounded in battle or were actually engaged in transporting them where they might be properly cared for, they were set upon by Moslem enemies and were unable to defend themselves. They

were unarmed and occupied with the care of others rather than with themselves. Under these circumstances it seemed the right thing for them to set aside some of their members to bear arms and protect the others in the midst of their charitable work. There came to be two classes of members then among the Hospitallers, the knights who fought and the nurses who cared for the ailing and wounded. As might have been expected from what we know of human nature, after a while the warrior-religious became more important in the order than the nurses, though it was understood that even the members whose main duty it was to fight must also on occasion devote themselves to the care of the sick and wounded.

As I have said, the heart of Europe went out to them and they were endowed with properties of various kinds, yielding incomes which would enable them to go on with their work for others. It was even said that the Knights Hospitallers became one of the richest institutions in the world of that time. During the Crusades they grew to number more than thirty thousand members, they had magnificent hospitals and complementary buildings in many of the important cities of Europe. Everywhere they were famous for the devoted care with which they gave themselves to their nursing duties. We have abundant evidence from many sources as to the disinterestedness of these Hospitallers and of the immense amount of good that they did. For instance, Andrew, King of Hungary, who is known in history as St. Andrew, and who was a near relative of St. Elizabeth of Hungary, as well as of St. Margaret of Scotland, was wrapt in admiration of their charity for those in need, as he saw it exemplified. He said once, "While lodging in their houses

I have seen them feed every day an almost innumerable multitude of the poor. I have seen them provide the sick with good beds and treat them with the greatest care, but I have also seen them assist the dying with an exemplary piety and then bury the dead with proper decency."

The Sisters of the Hospital of St. Mary Magdalen became as famous in their way as the Knights Hospitallers of St. John. They, too, were richly endowed with income-bearing properties in various parts of Europe. Probably there were even more Sister-nurses than there were nursing members of the Hospitallers. After the Crusades they had houses (Sisters' hospitals we would call them in our day) in many countries of Europe and particularly along the Mediterranean littoral. There is a very definite tradition that in times of famine and pestilence, or when fire had ravaged the cities, or when floods devastated country places, these good Sisters of St. Mary Magdalen went to the rescue, very much as our nurses of the Red Cross do at the present time. They bore the burden of charity and devotion to the stricken populations until other people were able to organize proper help for those in need. The Sisters used their own resources for the benefit of their countrymen in need, quite as they have done in wars and famines and tornadoes in our day.

They did not all, in the different houses, wear the same costume, and sometimes their costumes were rather elaborate. For instance, there is a tradition mentioned by Helyot in his "History of the Monastic Orders" (*Les ordres monastiques*) that the Sisters of St. Mary Magdalen of Jerusalem wore a red robe with a black mantle trimmed with ermine. Afterwards this was changed to a black habit on which there was a large white cross in the shape of what we know as a

Maltese Cross. These white crosses had eight points to them, symbolical of the eight beatitudes which the wearers were expected to exemplify in their work and daily life.

Many of the Sisters belonging to the order came to be very well known and were the confidantes of the women of the time to whom they were great sources of solace in time of trouble. Sutherland in his "History of the Knights of Malta" tells a characteristic story of one of them, that those of us, who are familiar with nuns in our time, would be quite sure could be applied to a great many others. He says that "It is told of Sister Ubaldina of Pisa (that is one of the houses founded in Europe after the Sisters had been driven from Jerusalem after its recapture by the Moslems) that she was the mother of the poor, the restorer of the sick, the comforter of the stricken-hearted; there was no kind of misery for which she had not a remedy or consolation."

The success of the Hospitallers' Sisters of St. Mary Magdalen encouraged the formation of a branch of Hospitaller Sisters of the Teutonic order in Germany just before the end of the thirteenth century. They continued to exist for some five centuries, until the secularization of such foundations, which occurred in the early part of the nineteenth century. They were revived about the middle of the nineteenth century and in the modern time devote themselves both to hospitals and to teaching. It is surprising how deathless the spirit of charity is, and how these orders survive many of the dynasties and the states which were in existence at their origin.

Besides the Order of St. John of Jerusalem, other nursing orders arose during the time of the Crusades. One of the chief of these was the so-called Teutonic

Order which developed out of the field hospital under the walls of Acre in which Count Adolf of Holstein, with other Germans from Bremen and Lübeck, ministered to the sick and wounded. They recognized the need for this work and sought approval from the pope, who readily granted it. The members bound themselves by vow to the service of the sick, and the rule prescribed that wherever the order was introduced it should build a hospital. The failure of the Crusades from a military standpoint led to the transfer of the center of activity of the Teutonic Order from the Holy Land to Europe where, especially in Germany, it was given the charge of many already existing hospitals, and it built a number of others. The order became famous for its strict organization and excellent methods of administration. Unfortunately, the religious revolt in Germany put an end to it, as it did to so many other religious institutions which were devoted to the care of the poor and the ailing. The large endowments and foundations given to the orders to enable them to carry out this purpose, attracted the attention of avaricious eyes intent only on self-enrichment or the winning of adherents by the easy method of transferring charity funds and estates to them.

As we have noted in the chapter on "Leper Hospitals and Disease Prevention," the foundation of the order of St. Lazarus during the Crusades, when contact of the West with the East brought about a dissemination of leprosy far beyond what it had been before, did a great deal to meet this new problem which had arisen. Segregation had to be enforced or the disease would have spread much farther than it did; but to secure this men had to be willing to sacrifice their future careers and give themselves to the

duty of nursing the lepers. They did this with the same spirit which has characterized those who have given themselves to the care of lepers in our own day, and who have appealed to our generation as living martyrs. It is this readiness to sacrifice one's self for the benefit of others that has always characterized the development of nursing under Christian auspices. Their training was not as thorough as ours because the great advances in medicine were yet to come, and the causes of disease were not to be discovered until almost the end of the nineteenth century, but their hearts were aroused and they were ready to do everything they could to console and hearten patients. With death inevitable for all men that is one of the great functions that must be performed.

Besides the order of St. Lazarus among the men, devoted to the care of lepers, there was also an order of St. Lazarus among the women for a like service. While we have heard much in the modern time of the men who devoted themselves to the care of lepers, it must not be forgotten that in a number of places many more women took up this gruesome task. As I have said before, it requires a greater heroism on the part of the women because they more naturally shirk from the deterrent aspects of the disease, and then they are naturally more in dread of having such disfigurement happen to themselves. In a number of leper hospitals in our own day groups of Sisters have given themselves to this noble work, knowing full well that they would never be allowed to come back to civilization again, so that they were making a complete sacrifice of themselves. Their action makes it easier to understand the organization of the Sisters of St. Lazarus for this purpose of nursing lepers during the Middle Ages.

VII

HOSPITALS AND NURSING OF THE THIRTEENTH CENTURY

THE supreme development in hospitals and nursing in Europe down to our own generation came during the thirteenth century. That was one of the features of the life of that period which, while for some three years I was making medical studies in Europe, led me to realize what magnificent work had been accomplished at this time and eventually brought me to write the volume, "The Thirteenth Greatest of Centuries." * While the people of this wonderful century were engaged in solving the problems of the higher education as well as of the technical education of the masses—read the story of university foundations! see the arts and crafts that remain!—and were making the greatest architecture the world has ever known in the Gothic cathedrals and other public and semi-public buildings, as well as creating great art in painting and sculpture, and composing immortal works in literature from the great Latin hymns and the Cid in Spain through the Nibelungen and Arthur Legends, the troubadours and trouveres, to Dante, they were devoting themselves also with supreme success to the development of hospitals and the care of the ailing poor.

In the cities which began more and more to be a feature of life in the thirteenth century, though they counted their inhabitants only by a few thousand where

* Fordham Press, New York, 1907.

ours count them by hundreds of thousands, the foundation and endowment of hospitals became a special occupation of the community, and the result was the erection of literally many hundreds of hospitals throughout a Europe, which contained not one tenth the population it has at the present time.

The movement that brought about this great development of hospitals both in number and in appropriate buildings and equipment, was initiated by the first pope of the thirteenth century, Innocent III (1198-1215). The deliberate design which he formulated to bring about the establishment of the mother city hospital of the world in Rome, not far from the Vatican, is a striking characteristic of the constructive genius of the man and an excellent illustration of the eminently practical character of the men of the supremely great century of which he is so thoroughly representative.

Pope Innocent recognized the necessity for the existence of a model city hospital in Rome. On inquiry he was led to believe that the best planned hospital for this purpose existed down at Montpellier in connection with the famous medical school of the university there. Montpellier had succeeded at the end of the twelfth century and the beginning of the thirteenth to the heritage of the distinguished reputation in medical matters which had been enjoyed by Salerno, not far from Naples, during the ninth, tenth and eleventh centuries. The shores of the Mediterranean have always been recognized as possessing a climate especially suitable for invalids, and with the diminution of the influence of the Salernitan school, a transfer of its prestige to Montpellier, where the close relationship with Spain had given the medical schools the advantage of intimate contact with the medicine

of the Arabs, is not a matter of surprise. At Montpellier the hospital arrangements made by Guy de Montpellier were especially efficient. The hospital of which he had charge was under the care of the members of the Order of the Holy Ghost. There were both Brothers and Sisters among the members of this order and they served respectively in the male and female wards of the hospital. As religious they followed the Rule of St. Augustine which had been drawn up by the great Latin Father of the Church, Augustine, the bishop of Hippo in Africa.

Pope Innocent summoned Guy, or Guido as he was known after this, to Rome and founded under his directions and coöperation the hospital of the Holy Spirit in the Borgo, not far from St. Peter's, where it continued its work until well on in the twentieth century. The old structure came down to add to the vista of the Victor Emmanuel monument. This was the mother and model hospital for the world. Visitors to Rome saw it, and could not fail to admire its great humanitarian work. Bishops from all over the world on their official, or *ad limina,* visits to the head of the Church, came to be familiar with the policy under which the hospital was conducted, recognized the interest of the pope in it, and went back to their homes to organize institutions of the same kind. How many of these were established in various parts of Europe is hard to determine. Virchow in his "History of the Foundations of the German Hospitals" has a list of some hundred towns in Germany in which hospitals of the Holy Spirit, or medical institutions modeled on this hospital at Rome, were founded. Many of these towns were comparatively small. Most of them contained at the time less than five thousand inhabitants, so that it

can be said without hesitation, that practically every town of any importance, at least in Germany, came under the influence of this great philanthropic hospital movement.

With regard to other countries, it is more difficult to determine the number of places in which such institutions were established. No one has made this detailed study of the hospital movement in them as Virchow did for Germany. As both France and Italy were, however, much more closely in touch with the Holy See at this time than Germany, it would be surprising if they had not been affected at least as much as, and probably more than, Germany by the pope's enthusiasm in the matter. We have evidence that in various large cities, as in Florence, Siena, Paris and London, there was a development of existing hospitals and the establishment of new ones, that points to a distinct sharing of interest in the hospital movement of this period on the part of these best known cities of the time. At Paris, the Hôtel Dieu was moved from the Petit Pont, over in the Quarter where it had been for many centuries, at least 500 years, to its present situation on the Ile de la Cité and received large extensions in size and in usefulness. It was at this time, particularly, that it received donations for endowment purposes that would enable it to be self-supporting. A number of bequests of property, the rent of which was to be paid to the hospital, was made, and the details of some of these bequests have an interest of their own.*

* Houses were not numbered at this time—it would have been useless, so few could read—but were distinguished by various signs, usually figures of different kinds that formed part of their façade. The Hôtel Dieu acquired the houses "with the image of St. Louis," "with the sign of the Golden Lion of Flanders," "with the image of the butterfly," "with the group of the three monkeys," "with the image of the wolf," "with the image of the iron lion," "with the Cross of

The Hôtel Dieu seems to have become practically a fully endowed institution during the course of the thirteenth century, for there are apparently no records of special revenues voted by the city or the king, though there are such records with regard to other institutions that were not so close to the heart of the French people and monarch as the Hôtel Dieu. For instance, the Hospital of St. Louis when founded received the right to collect a special tax on all the salt that came into the city.

A very interesting development of one phase of hospital work and nursing care for those who needed it during the thirteenth century, is the foundation by King Louis IX of France, usually known as St. Louis, of a hospital and refuge for the blind in Paris. This came to be known as the hospital Quinze Vingts, or "Fifteen Twenties," because it had accommodations for three hundred patients, or inmates. They were not only cared for physically, but they were afforded mental and other occupations and were provided with entertainment. The foundation serves to illustrate very well that no phase of philanthropic work, or as they would have said, charity to one's neighbor, was neglected at this time. After decadence came in such institutions, it was not until well on in the nineteenth century that the reorganization of care for the blind and the deaf came into existence. The deaf had been cared for, particularly in Spain in the later Middle Ages, and a definite attempt had been made to have

Gold," "with the crooked chimneys," etc. This practice continued down almost to our own time. The use of figures of various kinds as signs for shops, as the wooden Indian for tobacco, the big boot or shoe (shoe dealers), the big bonnet (milliners), the gun (gunsmiths), the key (locksmiths), etc., for their respective stores is a survival from that custom which continued to the memory of men still alive. I remember seeing many of them as a boy.

them understand signs and even, if traditions are to be accepted, to understand speech and to express themselves somewhat articulately.

In England the hospital movement during the thirteenth century was evidently quite as active as in Germany, at least as far as the records go. These refer mainly to London and show that the influence of the work of Innocent III and his enthusiasm was felt in the English capital. The famous St. Bartholomew's Hospital in London had been a priory founded at the beginning of the twelfth century which took care of the poor and the ailing, but at the beginning of the thirteenth century it became more frankly a hospital in the modern sense of the word. St. Thomas' Hospital, which remains to the present day one of the great medical institutions of London, was founded by Richard, Prior of Bermondsey, in 1213. Bethlehem, or Bedlam, which afterwards became a hospital for the insane, was founded about the middle of the thirteenth century. The name "Bedlam" is a corruption of Bethlehem, since adopted into the English language to express a place where fools congregate. Bridewell and Christ's Hospital, which were the other two of the institutions long known as the five Royal Hospitals of London, also seem either to have been founded, or to have received a great stimulus and reorganization in the thirteenth century, but both ceased, after the religious revolt of the sixteenth century, to be places for the reception of the ailing and became, one of them a prison and the other a school.

The names of some of these institutions became associated with that of Edward VI about the middle of the sixteenth century. For this, however, there was no proper justification, since, at most, all that was ac-

complished within the reign of the boy king, was the reëstablishment of institutions formerly in existence which had been confiscated under the laws of Henry VIII, but the necessity for whose existence had been made very clear, because of the suffering entailed upon the many ailing poor by the fact that in their absence there was nowhere for them to go to be cared for. As Gairdner, who was an Anglican, points out in his "History of the English Church in the Sixteenth Century," "Edward has left a name in connection with charities and education which critical scholars find to be little justified by fact." The supposed foundation of St. Thomas' Hospital, for instance, was only the reëstablishment of this institution, and even when it was granted by him to the citizens of London, this was not, as Gairdner says, "without their paying for it."

Virchow, the great German pathologist who was deeply interested in the history of hospitals and who, as a result, was made the director of a great new system of hospitals that was built in the latter part of the nineteenth century in Berlin, has much to say with regard to the place that Pope Innocent III had in this great hospital movement of the thirteenth century. Virchow, I need scarcely say, was not himself a Catholic, indeed though he was buried from a Lutheran church he practised no religion, and he was inclined to be bitter with regard to historical matters relating to the popes. He was certainly not at all likely to exaggerate the influence of the popes, and above all, not of Pope Innocent III who lifted the influence of the Church so high in this thirteenth century. Virchow said:

"The main cause, decisive in influencing and arous-

ing the interest of the people of the time in the hospitals of the Holy Ghost, was the papal enthusiasm in the matter. The beginning of their history is connected with the name of that pope, who made the boldest and farthest-reaching attempt to gather the sum of human interest into the organization of the Catholic Church. The hospitals of the Holy Ghost were one of the many means by which Innocent III thought to bind humanity to the Holy See. And surely it was one of the most effective. Was it not calculated to create the most profound impression, to see how the mighty pope who humbled emperors and deposed kings, who was the unrelenting adversary of the Albigenses, turned his eyes sympathetically upon the poor and sick, sought the helpless and the neglected on the streets, and saved the illegitimate children from death in the waters. There is something conciliating and fascinating in the fact that, at the very same time at which the Fourth Crusade was inaugurated through his influence, the thought of founding a great organization of an essentially humane character to extend throughout all Christendom, was also taking form in his soul; and that in the same year (1204) in which the new Latin Empire was founded in Constantinople, the newly erected hospital of the Santo Spirito (mother hospital of the Holy Ghost), by the old bridge across the Tiber, was blessed and dedicated as the future center of this universal humanitarian organization."

Virchow is very much inclined to attribute Innocent's actions with regard to the foundation of hospitals entirely to the interested motive of binding the Catholic world to the Holy See. Other historians however who have studied Pope Innocent's life even more carefully than Virchow, have not considered the pope's benefi-

cent activity as due to any such personal or ecclesiastical motive. Hurter, for instance, wrote a history of Pope Innocent III the researches for which he began as a Protestant with the idea that in the life of this pope who had humbled kings and princes, and for whom reigning monarchs had held his stirrup, better than anywhere else the pretensions of the papacy could be most effectively exposed, found the pope very different from what he had imagined him to be. He was so entranced by the character of the man and his great work for humanity that before he completed his history he had become a Catholic. Hurter looks at Pope Innocent's interest in hospitals from an entirely different standpoint and considers that it represents a striking exhibition of the Christian spirit of charity for the ailing. Even Virchow himself quotes Hurter's opinion though not without taking some exceptions to it. Hurter said with regard to charitable foundations:

"All benevolent institutions which the human race still enjoys, all care for the deserted and needy through every state of suffering from the first moment of birth to the return of the material part to earth, have had their origin in the church. Some of them directly, some of them indirectly through the sentiments and feelings which she aroused, strengthened and vivified into action. The church supplied for them the model and sometimes even the resources; that these great humanitarian needs were not neglected and their remedies not lacking in any respect is essentially due to her influence upon human character."

With regard to this Virchow says that hospitals had existed among the Arabs and among the Buddhists in the distant East, "nevertheless," he adds, "it may be recognized and admitted, that it was reserved for the

Roman Catholic Church and above all for Innocent III to establish institutions for the care of those suffering from diseases."

Hundreds of hospitals organized in very much the same way as the Santo Spirito in Rome, so far of course, as it is allowed to compare small things with great, were established during the thirteenth century. Many previously existing hospitals were reorganized in such a way that the movement represented what we call a standardization of hospitals. Pope Innocent III realized that a model was needed and he furnished it in the Santo Spirito and then had the bishops when they made their visits to the pope, as they had to do every two years according to tradition, visit the hospital in order that they might have a standard for the hospital in their dioceses. We have witnessed the standardization of hospitals in our own day and know how much it has meant for the benefit of the poor. Virchow was well aware of what Pope Innocent III had accomplished in this regard and that was one of the reasons for his outspoken admiration of the man in this regard.

An excellent idea of the high standard which hospital building and organization reached by the end of the thirteenth century, will be obtained from a description of a hospital built at this time. The founder of the hospital was Marguerite of Bourgogne, the sister of St. Louis, that is, of King Louis IX of France. Her hospital was erected at Tonerre at the beginning of the last decade of the thirteenth century, and therefore had the advantage of all the experience that had been gained in the hospital movement of that century. It was a very beautiful hospital, as might have been

expected at a time when the great Gothic cathedrals, the monasteries and guild halls, which are now the subject of so much admiration, were being built throughout Europe. How it filled the requirements of a modern hospital may be best appreciated from what a modern architect, Mr. Arthur Dillon, has to say about it:

"It was an admirable hospital in every way, and it is doubtful if we today surpass it. It was isolated, the ward was separated from the other buildings; it had the advantage we often lose, of being but one story high, and more space was given to each patient than we now afford.

"The ventilation by the great windows and ventilators in the ceiling was excellent; it was cheerfully lighted, and the arrangement of the gallery shielded the patients from dazzling light and from draughts from the windows, and afforded an easy means of supervision, while the division by the roofless, low partitions, isolated the sick and obviated the depression that comes from the sight of others in pain.

"It was, moreover, in great contrast to the cheerless white wards of today. The vaulted ceiling was very beautiful; the woodwork was richly carved, and the great windows over the altars were filled with colored glass. Altogether, it was one of the best examples of the best period of Gothic architecture."

The situation of the hospital might well be thought ideal. It was situated between the branches of a small stream which undoubtedly tempered the atmosphere in warm weather, and then served to carry off much undesirable material, which could thus be disposed of easily. The princess herself dwelt in the

hospital, and as she delighted in flowers and had gardens about her lodging, the sick had the benefit of the most grateful surroundings.

The hospital ward itself was fifty-five feet wide and two hundred and seventy feet long, and it had a high arched ceiling of wood. It was lighted by large pointed windows high up in the walls; the height of the windows prevented drafts, and at the level of the window-sills some twelve feet from the floor a narrow gallery ran along the wall from which the ventilation through the windows might be regulated and on which convalescent patients might walk or be seated in the sunshine. The beds were placed each in a shut-in space, open at the top, formed by low partitions that could be moved. Privacy was thus secured much better than in a hospital ward, and as there were only forty beds the ventilation was abundant.

We might be surprised at the smallness of the hospital compared with our large structures, but this was not situated in a crowded city, as most of our hospitals are, but out in the country where there would not be many sufferers to apply for relief. Usually, at the end of the ward in these medieval hospitals there was an altar at which Mass was said every morning, so that all the patients might have the benefit of whatever solace and encouragement would come to them from religious observances and whatever consolation would be derived from prayer and attendance at Mass.

The kitchen and the houses for the store of provisions were in *separate buildings,* and there were also separate lodgings for the monks and the nuns in charge of the sick, for both sexes nursed in the hospital. This would remind us very much of the insistence, during the standardization of hospitals in the modern time,

on the necessity for a separate nurses' home. This feature of hospitals we are very much inclined to think of as comparatively recent in origin, but like many others it was anticipated in the Middle Ages. There was almost nothing, however, in a hospital of this kind that was lacking for thoroughgoing hospital equipment, even in the light of the standards that we have today, apart of course from modern inventions, all of which are the product of the last generation.

A feature that perhaps we would not admire so much was that adjacent to the buildings there was a cemetery. They were not so fearful about death in the Middle Ages as we are apt to be. Who shall say that the contemplation of it did not often give that restful sense of submission to whatever would come that sometimes means so much in serious illness, and keeps the patient from still further exhausting vitality by worry as to the outcome? When Brehmer began to treat consumptives by feeding and rest in the open air, those who refused to eat used to be told quite frankly that, if they did not eat, they could prepare to die, and nothing aroused them so much to make the effort to take food as this expression. In many a tuberculosis sanatorium in this country, patients, who refuse to eat, have been reminded by brother patients that unless they cultivated their appetites there was a "wooden overcoat" waiting for them. The deliberate facing of death is not a bad thing for most people, and while the medicine is stronger than our generation might be able to bear, it must not be forgotten that elegant prescribing had not yet arrived in that period and all medicines were apt to be a little bit more nauseating than they are at the present time.

The thirteenth century saw very much the same

development of hospitals as has come again in our time. Hospitals were quite literally multiplied in the course of two or three generations. Virchow is very much inclined to think that every town of five thousand inhabitants in Germany had its hospital. We have not come to that point of hospital distribution as yet, though because of the transportation facilities of the modern time we do not need it. The intense hospital development of the first half of the thirteenth century would remind one very much of the corresponding development that has taken place in the twentieth century. This is the sort of parallel between times so far apart as these that would ordinarily seem quite impossible, and yet, the gathering of details of historical knowledge has brought us where there is a just comparison between the two periods.

The greatest feature of the development of hospitals in both periods was the magnificent development of surgery. We shall see in the chapter on "Medieval Surgery and Nursing" that there was a magnificent anticipation of the surgery of the modern time from about the beginning of the thirteenth century and this continued until the Black Death, with its ravages, carrying off more than fifty percent of the population in many of the cities, came to disturb so many social features of that time.

The new hospitals were very appropriate for this development of surgery, and the reorganization of nursing in connection with them must have afforded the special auxiliaries which the surgeon needed for the care of his patient. Good surgery, as I have said always, depends on three things, good surgeons, good nurses and good hospitals. If any one of these three is lacking, the others will not accomplish much. Un-

fortunately, with the reintroduction of the doctrine of "laudable pus" during the late fourteenth century and its continuance down until Lister's time, there was little hope for good surgery, so that there was little incentive to secure good nurses and good hospitals.

The story of that wonderful thirteenth century in its relation to medicine, to surgery and hospitals and nursing, has not yet been told in its entirety, but it will undoubtedly prove that the men who could build great cathedrals unequaled in history, found our modern universities and make great literature in every country in Europe, were capable of solving the medical and surgical problems and the care of patients in hospitals, as well as they were capable of doing all the other things that are worth while.

VIII

MEDIEVAL SURGERY AND NURSING

ONE of the greatest surprises in the development of our knowledge of the history of medicine during the present generation, when a great many writers have gone back to the original documents with regard to old-time medicine and surgery, was the discovery that there had been a magnificent period of surgery during the twelfth and thirteenth centuries of Italy. We have been so accustomed to think that surgery is a development of very recent times and indeed, almost of our own generation, that it was a great shock to modern complacency to find that beginning in the medical school of Salerno in the late twelfth century, thence spreading all over the Italian peninsula and making its way into France and England, there was a development of surgery that would be quite incredible only that we have the documentary history of it. For our knowledge of this chapter in the history of surgery, we are not dependent on vague tradition but very fortunately are in possession of the actual text-books of the professors who taught surgery in the Italian and French universities of the time. We find that they performed most of the operations done in the twentieth century, and many more than modern surgeons used to do in the earlier nineteenth century.

For some three centuries the preservation of these text-books, before printing came in, was accomplished only by the laborious process of hand copying. No

higher tribute could be paid to the judicious appreciation of the generations that copied them so faithfully than the fact that no time or effort seemed to them too great to enable them to have copies of these text-books for themselves and future generations. Fortunately, most of them were printed among the incunabula (that is, the cradle books of printing, before 1501) and were thus made comparatively safe from the vicissitudes of time.

These text-books are a veritable revelation. It was astounding to learn from them that surgeons at the end of the Middle Ages, at a time when it was often said that there was no surgery worth while talking about, had actually been doing much better surgery than those of the mid-nineteenth century. Indeed, these medieval surgeons accomplished better work than anything which modern surgery ventured upon, until a decade or two, at least, after Lister came to revolutionize modern surgery. Professor Andrew D. White in his work, "A History of the Warfare of Science with Theology in Christendom," * declared that "for over a thousand years surgery was considered dishonorable. The greatest monarchs were often unable to secure an ordinary surgical operation, and it was only in 1406 that a better beginning was made when the Emperor Wentzel of Germany ordered that dishonor should no longer attach to the surgical profession."

As a matter of fact, during the two centuries and a half immediately preceding this date given by Professor White, there was a simply marvelous development of surgery. The outstanding surprise of medical history has been the discovery and revelation of this fact

* D. Appleton & Co., New York, 1896.

during the past generation. Pagel, the well known German historian of medicine, says: "A more favorable star shone during the whole Middle Ages over surgery than over practical medicine. . . . The stream of works on surgery flows richly during this period." Gurlt, the noted German historian of surgery, in his comprehensive history of surgery in three huge volumes, has a whole volume containing some half a million words which treats almost entirely of the surgeons who did their work during the very centuries when Professor White says there was no surgery. The American historian of "The Warfare of Science with Theology" had evidently never looked into the history of surgery. Somewhere or other he got the idea that surgery was entirely a modern development, and as he knew nothing about surgery in the Middle Ages he concluded there could not have been any. Then he looked around to find a reason for its absence and the Church was ready at hand, and so he blamed it on the Church and said that the absence of surgery was due to the fact that the Church had invoked as a guiding principle, *ecclesia abhorret a sanguine,* and inferred that ecclesiastics prevented the development of surgery. The situation thus conjured up enables him to emphasize ecclesiastical hypocrisy by the suggestion that the Church was not so chary of shedding blood in other ways.

There is no doubt at all about the development of a great era of surgery. These medieval surgeons describe any number of operations which they were accustomed to perform, but modern surgeons before Lister's time refused to attempt them because they were so likely to be followed by the death of the patient. Three things, as I have said before, are neces-

sary for the accomplishment of successful surgery: The first is skilled bold surgeons, and yet, not too daring. The second is good, clean, airy hospitals. The third is good nursing. On this tripod good surgery rests. If any one of the three elements is lacking, the surgery is almost inevitably sure to do more harm than good. It seems quite clear then that there must have been good nurses or attendants upon the sick at this time, for otherwise surgeons would not have been able to accomplish the surgical interventions which they actually did. This chapter of surgery therefore is actually a chapter in the history of nursing, though as we shall see, after a time we have certain traditions and directions for the nurses, which make it very clear that there must have been a very definite training of what were called medical attendants for those who had been operated upon, and that most of these medical attendants must have been women.

The great medieval era of surgery began at Salerno where a medical school came into existence in the tenth century and a university gathered round it in the course of a hundred years. The first important text-book was written by Roger, and then came his pupil, Rolando, who wrote a commentary on his master's work. This combined text-book was subsequently annotated by a group of South Italian surgeons known as the Four Masters. Gurlt himself, one of our most distinguished surgeons at the end of the nineteenth century, who went back to the originals, declared that this text-book shows clearly that the writers drew their opinions from a rich experience. They were intent on observation rather than theory, and their text-book is a treasure house of valuable hints for the surgeons, not only of their day, but of all generations since. These

surgeons from Salerno, for instance, knew the possibility of fracture of the skull by *contrecoup*. They say, "Quite frequently, though the blow comes on the anterior part of the cranium, fracture occurs on the opposite side." They tell the story of a boy wounded in the head by a thrown stone, who was rendered unconscious for a time, regained consciousness, but lapsed into coma from which he died the next day. "When his cranium was opened a large amount of black blood was found coagulated beneath his dura mater." Since then many a boy has died, after being hit on the head by a missile, because his surgeon did not realize the possibility of rupture of the middle meningeal artery.

Professor Clifford Allbutt, Regius Professor of Medicine at Cambridge (England), in his "Historical Relations of Medicine and Surgery Down to the Sixteenth Century" * says of their method of caring for wounds: "They washed the wound with wine, scrupulously removing every foreign particle; then they brought the edges together, not allowing wine nor anything else to remain within—dry adhesive surfaces were their desire. Nature, they said, produces the means of union in a viscous exudation or natural balm. . . . In older wounds they did their best to obtain union by cleansing, desiccation and refreshing of the edges." The experience of surgeons during the Great War brought them round to many of these old-fashioned ideas once more.

Theodoric comes nearest to us of all these old surgeons. He wrote in 1266: "For it is not necessary as Roger and Roland (of Salerno) have written, as many of their disciples teach, and as all *modern* (note the curious use of the word modern in 1266) surgeons

* London, 1904.

profess, that pus should be generated in wounds. No error can be greater than this. Such a practice is indeed to hinder nature, prolong the disease and to prevent the conglutination and consolidation of the wounds."

And yet, for five hundred years after his time, "laudable pus" was the best that surgery could hope to secure after surgical intervention. Theodoric himself was a bishop and wrote his text-book on surgery mainly in order to preserve the teaching of his father, the famous Ugo of Lucca. He was very proud of the work that his father had done and he boasted of the "linear" cicatrices which he used to secure without the use of any ointment. He impugned the use of poultices, or of oil on the wounds and declared that powders were too drying, and besides, they had a tendency to cake and thus prevent drainage. The literal meaning of the words which Theodoric uses, *saniem incarcerare,* is "to incarcerate sanious material." One is not surprised after that to find that Theodoric has many hints as to the practical treatment of surgical affections, that are anticipations of developments of our time.

Mondeville, the great French surgeon, emphasized very much the advisability of keeping the patient's mind from solicitude and of diverting him from thoughts about himself and his condition by having him preoccupied with other things. Manifestly he depended on the medical attendants or nurses to bring about favorable conditions in the patient's mind that would help in his recovery. He said:

"Let the surgeon take care to regulate the whole regimen of the patient's life for joy and happiness by promising that he will soon be well, by allowing his relatives and special friends to cheer him, and by hav-

ing someone to tell him jokes. Let him be solaced also by music on the viol or psaltery. The surgeon must forbid anger, hatred and sadness in the patient and remind him that the body grows fat from joy and thin from sadness."

Mondeville manifestly thought that the nursing of patients was an extremely important feature for successful surgery and that, indeed, without it surgery often failed of its purpose. He says:

"For if the assistants are not solicitous and faithful, and obedient to the surgeons in each and every thing which may make for the cure of the disease, they put obstacles and difficulties in the way of the surgeon."

It is especially important that the patient's nutrition should be cared for and that the bandages should be managed exactly as the surgeon directs. He has no use for garrulous, talkative nurses, and does not hesitate to say that sometimes near relatives are particularly likely to disturb patients. "Especially are they prone to let drop some hint of bad news which the surgeon may have revealed to them in secret, or even the reports that they may hear from others, friends or enemies, and this provokes the patient to anger or anxiety and is likely to give him fever. If the assistants quarrel among themselves, or are heard murmuring, or if they draw long faces, all of these things will disturb the patients and produce worry and anxiety or fear. The surgeon, therefore, must be careful in the selection of his nurses, for some of them obey very well while he is present, but do as they like and often just exactly the opposite of what he has directed, when he is away."

Mondeville, by experience, had learned that in serious cases it was often better not to have relatives, as

we have seen, nurse his patients. He says further that the surgeon has difficulty oftener when husbands or wives care for their spouses than at other times. Curiously enough he has found by experience that the surgeon's difficulties are likely to multiply when it is the wife who is the nurse for the husband. "In our days," he says, "in this Gallican part of the world, wives rule their husbands, and the men for the most part permit themselves to be ruled. Whatever a surgeon may order for the cure of a husband then will often seem to the wives to be a waste of good material, though the men seem to be quite willing to get anything that may be ordered for the cure of their wives. The whole cause of this seems to be that every woman seems to think that her husband is not as good as those of other women whom she sees around her." It would be interesting to know how Mondeville was brought to a conclusion so different from modern experience in the matter.

We are not quite sure just what was the civic status of Mondeville, though it seems likely that he belonged to the clerical order, for all the teachers at universities in the thirteenth and fourteenth centuries, even including those in the medical schools, were required to be celibates. There may have been some exceptions, but that is unlikely. Most of the surgeons of the thirteenth century in the generation just before and after Mondeville's time, Theodoric, William of Salicet, and Guy de Chauliac, belonged to the cleric order. Theodoric was a bishop. The others, however, may only have been in minor orders. Lanfranc could not teach at the University of Paris because he was a married man. His teaching had to be done in the independent school of St. Côme. Mondeville did his teaching at

the University. It is therefore very probable from the standpoint of a man who views married life from without that Mondeville makes his remarks as to the difficulty often encountered by the surgeons, when wives nurse their husbands.

Mondeville was himself manifestly devoted to his religion, for he says in the preface to his great textbook of surgery that he "began to write it for the honor and praise of Christ Jesus, of the Virgin Mary, of the saints and martyrs, Cosmas and Damien (the patron saints of the medical profession), and of King Philip of France, as well as his four children, and on the proposal and request of Master William of Brescia, distinguished professor in the science of medicine and formerly physician to Pope Boniface IV and Benedict XI and Clement VI, the present pope."

In the volume he insists that the surgeon must be highly moral and should care for the poor for God's sake. He adds very properly that he should take appropriate care to have himself well paid by the rich, so that he may be able to help others as well as himself. He insists very much that he should comfort his patients by pleasant discourse and should always accede to their requests, if these do not interfere with the cure of disease. The more we know of him the more we realize that he was very sympathetic, and that no wonder we hear of large numbers of students flocking to his lectures. It is this man particularly, who has described for us the duties of the medical attendant or nurse in surgical cases, and has brought out how valuable he considered the services of these attendants to be. Unfortunately we have very little else about this matter so far as the surgeons of the thirteenth and fourteenth centuries are concerned, but

it is perfectly clear that there must have been very definite training given to these nurses or attendants.

At this time we have a very exact account of the use of anesthesia so that patients might be operated on without too much pain, and indeed, many of the operations that have been described, as for instance the trephining of the skull and the opening of the abdomen for various operative procedures, could scarcely have been accomplished without an anesthetic.

Very probably the most surprising thing, however, is that these surgeons were getting union "by first intention"; indeed, that expression has no meaning in English, unless you know the meaning of the medieval Latin expression, *per priman intentionem,* that is, healing by immediate contact of tissues; and they boasted of the linear cicatrices which they secured, and which could scarcely be seen, so little disfiguring were they. They secured these excellent results by what they called the "dry dressing." Linen cloths were dipped in strong wine and these were placed over the wound which the surgeon made; the wine gradually evaporated, leaving dry dressing. The strong wine itself and the process of evaporation brought about the death of microbes, and so they secured union by first intention. They were actually practising antisepsis, or in a certain sense, asepsis, though of course they knew nothing of microbes and they were only describing what occurred.

It is easy to understand that, under such circumstances, nurses who were to care for such patients must be properly trained or very sad mistakes with serious, or sometimes fatal, results would occur. It would be interesting to have some details as to how Mondeville and other medieval surgeons trained those whom they

called attendants on the sick. Some of Mondeville's writings are still in manuscript and not yet printed so that there is still hope of securing some of this information.

In his "Short History of Medicine," * Dr. Charles Singer presents a picture of a surgeon at work in a siege of Salerno, which shows very clearly that physicians were accompanied by women nurses, even when doing military surgery. The picture is from a manuscript which was produced in southern Italy early in the thirteenth century. A man has been wounded on the battlements by an arrow which transfixes his cheek. A physician, who, since he is without tonsure, is probably a layman, is waiting on him, and just beside him there are two women nurses bearing drugs and dressings, who are manifestly assisting the surgeon by presenting things to him as he needs them. Evidence of this kind for the fact that there were women nurses employed on all occasions is very striking. It would not have been surprising if the military surgeons should have been without such attendants, but their presence undoubtedly shows that the nurse must have been very commonly in attendance with the physician in a great many cases.

* Oxford University Press, 1928.

IX

SECULAR NURSING ORDERS

BESIDES the regular congregations of nurses, that is, religious who lived in community and devoted themselves to the care of the ailing poor in hospitals or sometimes to visiting the sick poor in their homes, as is exemplified in the Third Order of St. Dominic under St. Catherine of Siena, there was a series of nursing communities joined by the bonds of custom and tradition, and yet not bound to monastic life by vows. Members could give up their vocations at any time and settle down to married life or devote themselves to anything else they wished, though that was rarely done. They are often spoken of as the secular nursing orders. The word, "order," in the sense of "religious order," has a technical meaning in the Catholic Church, signifying certain communities whose rule is approved by the pope in a special way. These secular nursing orders so-called, however, were not even congregations in the ordinary sense of the word, for they were not bound by vows. They visited patients in their homes, took care of foundlings and of orphans, sometimes also of the half-witted, occasionally took charge of old people, brought the sick to the hospitals. In general, they devoted themselves to all the corporal works of mercy, though living either at their homes, or in groups of modest houses, sometimes several of them together, with a servant to do the menial work of the house. They were not averse to

work, however, as a rule, and often did their own, and sometimes even supported themselves by doing work for others.

The most prominent of these was the Belgian community known as the Béguines. The name is derived from the old Flemish word "beghen," which means "to pray," though there has always been a temptation to connect it with the English phrase "to beg." The original communities of Béguines planned to afford their members more time for contemplation and prayer than for service or charitable work, though this entered into their projects as supplying needed diversion. Besides the Béguines there were also the Beghards, composed of men, a title which seems even closer to the English word "beg," and has sometimes led to the thought that originally they supported themselves by asking alms, but neither of these communities was ever a mendicant organization.

The first Béguinage was established in Liège by a priest who expended his family fortune in founding a cloister and church for the widows and orphans of the Crusaders. To take care of these a group of young women living in neighboring houses, joined their resources, and devoted themselves to the work. They were representatives of that group of women who, at the commencement of the twelfth century in the Netherlands, lived alone and, without taking vows, devoted themselves to prayer and good works. At first there were not many of them, but they grew in numbers because a great many men had gone on the Crusades and most of them had perished from the hardships of the long journey or in the fierce battles that were fought, and so there were many women that were either widows or whose fiancés would never come

back. They lived, not out in the desert as the solitaries, even women, in the East, nor far from the habitations of men, but on the edge of the town in little groups of houses, some of which may still be seen. The Béguinage at Bruges, as well as the larger one at Ghent, is still very well known. They are often visited by travelers.

The Béguine could hardly be called a religious in the proper sense of the word. She did not renounce her property, she took no vows and, as we have said, she could return to the world and wed, if she wished. Usually she had some means of her own, sufficient to live on modestly, but if she was without means, she neither asked nor accepted alms but supported herself by some form of labor, or by teaching the children of the townsfolk, or sometimes by nursing in families who were able to pay her for her services.

During the time of her novitiate she lived with the "Grand Mistress" of her cloister, but afterwards she had her own dwelling and, if she could afford it, was attended by her own servant. Every little community was complete in itself and formulated its own rules, though many of them adopted the rules of the Third Order of St. Francis. The Béguine communities were very different from one another. Some of them were made up only of women of the better-to-do class. Others took only members from the humbler ranks of life, but still others received candidates from all classes of the population and these were the communities that were by far the most numerous. Several like the great Béguinage at Ghent numbered their inhabitants by thousands.

While they devoted themselves to labor of various kinds for their neighbor, prayer was a great element

in their lives and much time was given to it. It has often been said that it was these institutions of the Béguines and Beghards who made the people of Belgium so intensely Catholic that they were not much disturbed by the Reformation. The Béguines received among their numbers a great many of the superfluous women of that part of Europe, for Belgium has always been the cockpit of Europe, suffering very much from the wars of neighboring countries and losing many of its male population as a consequence. No wonder then that it has been said that the medieval towns of the Netherlands found in the Béguinage a solution of their feminine question. The women, however, were not idle but were devoted to the care of others and then, in times of famine or pestilence or when there was dearth in the land, they gave themselves particularly to the care of the suffering poor.

The communities of the Beghards furnished the solution of another problem, that of how to deal with the infirm workmen or the man who has outlived his usefulness as a member of a trade or craft guild. They were cared for by these communities, very often were permitted to join as members because it was considered that their prayers added to the value of a community, but they banded themselves together also for the taking care of other people. Many wealthier people in dying left endowments for these institutions and felt that in this way they were accomplishing much for charity. Unfortunately, the troubles at the time of the Reformation disturbed many of them, and the French Revolution, taking Belgium unto itself, put an end to nearly all the others. Some of them were revived afterwards and have been accomplishing very good work, even down to our own day. Nutting and

Dock in their "History of Nursing" have given many details of the work which these communities accomplished.

The Béguines have continued down to our own day and have achieved some very notable work. When Belgium became involved in the Napoleonic wars and a serious epidemic of fever broke out among the soldiers, the Belgian Béguines gave up everything else in order to devote themselves to the care of the soldiers. When the war was renewed, after the return of Napoleon from Elba, their groups of houses were turned into hospitals, and after the Battle of Waterloo they exhausted all their resources in order to help the needy of the country round, who had suffered so much. No less than three times during the nineteenth century they volunteered to serve as nurses during cholera epidemics. Cholera in those days used to carry off something more than fifty percent of the patients that were attacked in the earlier virulent period of the epidemic, and a great many of the attendants on the sick died as the result of their self-sacrificing efforts for others. After all, we know now that the bacillus which causes cholera is contained in the stools and vomitus, and it is easy to understand how the slightest negligence in handling food, with hands that were not meticulously clean, or in carrying the hands to the mouth or nose, after taking care of patients, would convey the disease.

The Béguines in the nineteenth century also took special care of needy people in times of famine or industrial distress. Whenever there were floods or fires they acted, long before the establishment of the Red Cross, as distributing agent for contributions of various kinds that were made, but they themselves were ready to make contributions from their own resources,

until public charity could be organized. Almost needless to say, in these cases the immediate need is often great and demands immediate relief.

The King of Holland attempted to suppress the institute during the time when Holland and Belgium were combined under one government, but the municipalities, in which their institutions were situated, represented so vigorously the amount of public good that had been accomplished by them that the king relented. The properties, which had been in their hands for five hundred years, and with which they have been doing so much good, make an inviting bait for a government that differs in religion, and it is that bait more than anything else that brought about the decadence of hospitals after the Reformation so-called. A visit to the Béguines at Bruges or Ghent is the best way to appreciate how this medieval institution fits in very well with the modern time and helps to solve a great many social problems.

In the generation after the foundation of the Béguines and the Beghards, another secular nursing order came into existence. This was the Sisters of the Common Life. It represented an organization of women who had been influenced by the apostolate of Gerhard Groot, to whom is owed the foundation of the Brothers of the Common Life. This latter institute is very well known because they were the great teachers of the fourteenth and fifteenth centuries in a series of schools along the Rhine. Gerhard Groot was a wealthy young man devoted to pleasure and display who fell ill and came very near death. During the weeks of convalescence that followed his illness, he came to realize the truth of that expression of Dean Stanley of St. Paul's, London, who after an illness

from which no one thought he would recover, said, "Life looks very different when viewed from the horizontal, especially if you never expect to see it from the vertical again." Life seen through the lens of death presents many unexpected facets.

On his recovery Gerhard Groot devoted himself to the care of the poor, visiting them in their homes when they were ill and teaching their children. A group of young men gathered about him pleading to be allowed to help him. After a time the Brethren of the Common Life came to be the great schoolmasters of the time. Such men as Erasmus of Rotterdam, Cardinal Nicholas of Cusa, Thomas à Kempis, the well known author of "The Following of Christ," as well as his brother John, Rudolph Agricola, the famous German teacher of Greek, Jacob Wimpheling, known as the schoolmaster of Germany, Alexander Hegius, who taught at Deventer and made it the great educational center of south Germany, all went to school to the Brethren of the Common Life.

The Sisters of the Common Life devoted themselves to the care of the poor, instructing the children, visiting and nursing the sick, and devoting themselves in every way to their unselfish duties. The Sisters took no vows and might at any time take up an ordinary life and marry and raise a family. They wore a gray dress, but it had nothing of the appearance of the habit of a religious order. They supported themselves by their own work, but unlike the Béguines they lived together in community and held no private property. They were the visiting nurses of the cities along the Rhine doing just as good work as the Brothers of the Common Life were doing in education.

X

NURSING THE INSANE AND FEEBLE-MINDED

THE insane, like the poor, are ever with us. It has always been necessary to provide care for them, and proper care for them has always represented a very serious problem for humanity. During the past generation the number of the insane requiring custodial care has increased very much. This increase, in so far as it is real, is probably due to certain factors that have left in the population elements more prone to mental instability than in an older time. The reduction in the mortality of children under one year of age and within the first five years so that now, instead of raising but three-fifths of the children as before, we raise nearly nine-tenths of them, has left a large number of weakling children, who now grow up to be subjects for care in later life. The criminal and insane classes particularly are recruited from unstable individuals, who were mercifully allowed to drop out of existence, when we knew less about child hygiene and sanitation.

There is, besides this real increase, an apparent multiplication of the insane because the improvement in insane asylums and their management during the last generation has tempted a great many people to intrust their insane relatives to the care of institutions, who refused to do so under the old régime. As a result there are ever so many more in the asylums now

than before. The modern strenuous life is sometimes said to have much to do with making more people insane than was true a hundred years ago, though that is extremely doubtful. In Belgium and, above all, in Serbia where the people had to go through the severest kind of trials during the war, there was comparatively little increase in insanity rates, and only a few, as a result of the war's trials and hardships, apparently anticipated the insanity that would have come to them in the natural course of events a little later in life. They were individuals with hereditary tendencies in the direction of mental alienation who suffered prematurely from the mental disturbance that would have developed of itself at some of the critical periods of life, if they had not been subjected to the alarms of war.

It is often said that only in our time have the insane been properly cared for and that, until little more than a century ago, the abuses practised upon the insane were almost incredible. That idea, however, comes from failure to realize that during the last three centuries there has been a constant decadence of hospitals and nursing and of institutions for the care of the poor of all kinds as the result of the religious revolution initiated by Luther, which suppressed the religious orders and dried up the sources of supply for nurses, as well as for their proper training. The asylums suffered, if possible, even more than the hospitals from this unfortunate religious movement, but in Catholic countries there was still excellent care for the insane. Modern improvement in the care of the insane is usually said to date from the efforts of Pinel, the distinguished French psychiatrist, who knocked off the shackles of the insane at Bicêtre, the great asylum just

outside of Paris. It must not be forgotten, however, that Pinel confessed that he had received his first encouragement for improving the condition of the insane during visits to asylums for the insane in Spain, where the inmates were cared for much better than in France. The religious wars in France had very seriously disturbed conditions in that country. In Italy, as well as in Spain, there were some excellent asylums for the care of the insane, though in the reform countries there were none of these until the Quakers, John Howard and Elizabeth Fry, aroused attention to the necessity for reform in all public institutions.

There is a definite development of care for the insane under Christianity that is very interesting. This is all the more significant because it had been the custom for a good many physicians, and even not a few of those deeply interested in the question of the care for the insane, to say that the insane were neglected under Christianity because of the belief that insanity was largely due to possession by evil spirits. It was thought that under the influence of this belief people were very much inclined to think that the insane were in some way, at least, to blame for their condition, that they had permitted themselves to come under the influence of the evil spirit and that, therefore, they deserved little sympathy.

It is true that from the very beginning of Christianity, as is evident from the Scriptures, there was a belief in the influence of evil spirits and in spirit possession. This belief rather had reference to the hysterical than to the really insane. Many a physician of the modern time has been tempted to say that some of his hysterical patients must be possessed by some spirit not their own, they are so different from ordinary human beings.

There has always been the tendency for men to attribute the change of character that comes over insane persons to spirit influence or possession. The primitive savages of the Stone Age used their flint knives to trephine the skull so as to let out the evil spirits. The wise old Greeks cherished the same idea. The Church on the other hand very early came to appreciate the need of special care for the insane and to provide it.

In Basil's great hospital at Cæsarea there seems to have been special arrangements made for the care of the insane. The same thing has been traced in other early hospitals. The first definite organization in the West of care for the insane and the feeble-minded comes in connection with the name of a little Irish girl-martyr, St. Dympna, who in the seventh century went over to Belgium in order to help Irish missionaries in their work of evangelizing the rude Teutonic barbarians who had come down from the north. These Teutons were largely under the influence of their wives, as is clear from what Tacitus, the Roman historian tells us, so that evangelization of them did not proceed well without feminine aid. St. Boniface, the apostle of Germany, recognized this and St. Thecla and St. Lioba, companions of St. Hilda of Whitby, came over from England to second his missionary efforts just as the Sisters in America have been going over to China in connection with the American Catholic missions in that country.

Dympna found it extremely difficult to influence the rude wives of the barbarians, but she took a great deal of interest in their children and, above all, in those of them that were half-witted or feeble-minded. Their mothers were very willing to allow these children to

be baptized and Dympna cared for them. Unfortunately, she was martyred when she was still only a very young woman and it might seem as though that put an end to her mission. As a matter of fact, however, the blood of the martyr proved to be the seed of Christians, as always, and the Belgian women were quite sure that after her death Dympna would be interested in their children, whose crippled condition of mind made a certain appeal to their mothers' hearts, so they brought their backward children to the shrine that had been erected in honor of the virgin martyr.

They did not expect the cure to take place all at once, so they left their children near the shrine to be cared for by neighboring families; this represented the beginning of an important movement for the care of the insane in families which has continued ever since. The history of Gheel can be traced for nearly a thousand years. It gradually came under the control of the government but it continues to be the model of a village institution for the mentally diseased. Mrs. Vernon Kellogg, the wife of the American Food Commissioner in Belgium, in articles in *The Atlantic Monthly* (1925) tells of her visits to Gheel and of the admirable conditions for the care of the insane and the feeble-minded that are to be found there. In many cases throughout the world, and especially in this country, this village system of caring for young persons afflicted with insanity or feeble-mindedness, has been taken up and Gheel has been looked upon as the model for such development.

After the foundation of the monasteries and nunneries, a certain number of the insane, the sons and daughters of royalty or the nobility, were cared for in these institutions. This was particularly true for

cases of milder insanity. Besides, there was a definite tradition according to which the half-witted were employed in monastic institutions, not only as laborers on the farms and in connection with forestry, but also for service within the house. They were cared for by the monks, were not imposed upon as they were so likely to be when in contact with people of normal intelligence, and above all, they were trained to do many things which gave them an occupation of mind and of body that made their mental condition ever so much less noticeable and disturbing than it would otherwise be. Monasteries and nunneries in those days were independent institutions in which everything needed was manufactured by the monks themselves and their assistants. Weaving of various kinds, basket making, wood-carving, iron forging, as well as ever so many other things were done under the supervision of the monks and they had abundant opportunities to employ people.

It is easy to understand what opportunities for the employment of individuals of less than normal intelligence were to be found in the monasteries under these circumstances. Even at the present time it is not a little surprising to find how many men and women, who are not quite up to the norm of average mentality, drift into the employ of monasteries and convents and find happiness and satisfaction in life, because of the way that they are cared for by these kind-hearted members of the religious congregations, who so well deserve the appellations given them of Brother and Sister. Mother Alphonsa, Nathaniel Hawthorne's daughter Rose, tells the story of how she often succeeded in getting the tramps to do good work for her in connection with Rosary Hill Home for cancer patients out

in Westchester County, New York. Father Paul Francis at Graymoor is able to make something of the tramps, whom he calls Brothers Christopher, and a great many of them return to him over and over again. I have known a dozen of examples of men and women, who had found it impossible to get along in ordinary occupations in city or town life, stay for years in the service of a monastery or convent. Such examples are very interesting as presenting one solution of a difficult social problem.

The best evidence that we have, and it is very strikingly complete, that they took excellent care of the insane during the Middle Ages, is to be found in a paragraph from the small encyclopedia or compendium of information compiled by Bartholomew the Englishman, as he was called, in Latin, *Bartolomæus Anglicus*. This volume contains an immense amount of information, though of course it was nothing like the size of the great series of volumes known as the *Speculum,* which was compiled by Vincent of Beauvais, the Dominican. Bartholomew's work was meant more particularly for priests; it contains the answers to a great many practical questions on which priests were supposed to be well informed enough for them to furnish information to their parishioners. It was evidently meant as a work of reference, so that answers might be readily available for anyone seeking information. This volume was very widely read and continued to be used as a handbook of information for some five centuries. It exists in a large number of manuscript copies, which would indicate that Bartholomew was one of the most widely read of the serious authors of the Middle Ages. Even before the invention of printing, the book had been translated into half a dozen

modern languages. It was originally written in Latin because, as the language of the Church, most priests could thus consult it readily, but manifestly it came to be used also by the laity, as is evident from the translations. The French translation made by an Augustinian, Father Jean Corbichon, is itself a literary monument in French and there are further translations into Italian, Spanish, English and Provençal.

After printing came in, Bartholomew's book, the title of which is *De proprietatibus rerum,* "The Properties of Things," was published in a number of editions, no less than three times as an incunabulum—that is, before 1501—and more than a dozen times afterwards. There was evidently great call for the book. It was meant particularly for priests, and was evidently used by all clerics—that is, by practically all those who could read at that time.

What Bartholomew has to say with regard to insanity represents the opinion of the churchmen of his time better than could be obtained from any other source. His work was actually used as a text-book in the schools of theology, and may be quoted confidently as constituting the source of knowledge on all these dubious questions. Bartholomew condensed what he had to say with regard to the causes, the symptoms and treatment of insanity into a single brief paragraph.

Bartholomew knows all the causes of insanity and mentions them. They are passion, overwork, too deep thought, sorrow, too deep study and fear. These are the mental causes. But he knows also that there are physical factors that bring about disturbance of mentality. Insanity may come as the result of an infection, from the bite of a mad dog or some other venomous animal. Bartholomew was aware, moreover, that in-

sanity may come from overeating as well as from the overdrinking of strong wine. He warns that not all the patients suffer in the same way, and he describes the two principal forms of mania or excitement and melancholia or depression. These two forms of insanity continued to be the center of attention until the end of the nineteenth century. Bartholomew warns of the possibility of the insane hurting themselves or others. For this reason they must be restrained. As for their treatment, there must be such change of environment as will renew their health and strength, and they must be withdrawn from business and from the source of their dreads and whatever else may be disturbing. Finally music must be provided for their entertainment, and occupation secured for them. A change of environment, entertainment, occupation, these are the very latest developments in our care of the insane.

Here is Bartholomew's paragraph from the translation by Berthelet made nearly four hundred years ago but with the spelling modified so as to make it easier to understand at the present time.

"Madness cometh sometime of passions of the soul, as of business and of great thoughts, of sorrow and of too great study, and of dread: sometime of the biting of a wood (mad) hound, or some other venomous beast; sometime of melancholy meats, and sometime of drink of strong wine. And as the causes be diverse, the tokens and signs be diverse. For some cry and leap and hurt and wound themselves and other men, and darken and hide themselves in privy and secret places. The medicine of them is, that they be bound, that they hurt not themselves and other men. And namely, such shall be refreshed, and comforted, and withdrawn from cause and matter of dread and busy

thoughts. And they must be gladded with instruments of music, and some deal be occupied."

This paragraph of instruction for priests with regard to insanity is one of the best brief formulas on the subject that we have. I doubt whether anyone could at the present time give a better notion of the whole subject of insanity than was actually provided by this medieval friar who wrote sometime about 1240. His influence, more than that of any other, continued to be felt on the subject, until long after the Reformation. Unfortunately, the development of the witchcraft delusion and the decadence of hospitals after the Reformation brought about the serious neglect of the insane and popularized the idea of possession by evil spirits. The Catholic countries were ever so much less affected by the witchcraft delusion than the reformed countries, and the deterioration of hospitals was not nearly so marked in them. In Italy and in Spain the hospitals for the care of the insane continued to be maintained under much better conditions than those in the countries which had been disturbed by Luther's movement.

When the great hospital movement in the thirteenth century occurred, the insane were cared for in connection with the general hospital. A number of psychiatrists are on record in our time with expressions that indicate that they feel that it would be well in our time if the general hospitals had a special department, to which people showing preliminary symptoms of insanity might be admitted for observation, without the necessity of being put in an insane asylum. Friends usually balk at committing patients to insane asylums, for they think that it puts a stigma upon them for the rest of life. Accordingly their entrance into an insti-

tution is delayed as long as possible, and until their insane symptoms become outspoken. If these patients could be cared for earlier, very often the development into the severer forms of insanity might be prevented, and they would frequently be better in a few weeks, where now it takes months to benefit them. This medieval custom was an excellent anticipation of the policy that we shall probably have to institute once more in order to do what is best for the insane. Often all that they need is to be taken out of the environment in which they have been, afforded rest, given some occupation that interests them, fed better than before, and they proceed promptly to get better. This was the sort of treatment, as can be seen from Bartholomew's directions to priests, that the insane received about the middle of the thirteenth century.

As the population of the countries increased in number, the presence of a good many more insane led to the creation of professional institutions for them. In London, for instance, a general hospital originally called Bethlehem, softened in the English speech to Bedlam, became a special hospital for the insane. One of the most noteworthy features of the treatment of the insane at Bedlam was that they had what we are accustomed to call the "open door system," that is, when patients became better they allowed them to leave the hospital for a time. They had evolved, however, a very interesting method of securing sympathetic treatment for these patients while they were outside of the hospital. A special badge was devised which they wore on their arm. This was an index of the fact that they had been at Bedlam for a time and now were permitted to be outside of the hospital.

Under these circumstances this practically commit-

ted these patients to the care of the outside world. Christian charity urged most people to be good to these poor folk, and where Christian charity did not motivate proper conduct toward them, fear of them and especially the dread that, if treated badly or unfairly, they might become violent, kept people from imposing on them. As a result of this the treatment by the public of the Bedlamers, or Bedlamites, was so good that "sturdy vagrants," *validi vagrantes,* used to beg, borrow or steal the badge in order to secure the advantage of the treatment that would be accorded them while they wore it.

Many people might be inclined to think that it was too bad thus to reveal to all the world a fellow-man's infirmity, but there were a great many advantages in it. It has even been suggested that, in the modern time, it would be very well indeed, if people generally knew the fact that certain of those with whom they came in contact had been temporarily insane, they would be much more considerate in their treatment of them.

This would be particularly true as regards the criminal insane, that is, those who have committed some crime while insane and yet, afterwards, have been allowed to leave the insane asylum because they feel so much better. Some years ago in New York one of these criminally insane ran amuck and killed three people and wounded some others, because he was being badgered by a crowd that gathered round him. He told me, physician member of the insanity commission appointed to consider his case and report on it to the court, that he was convinced that in self-defense it was necessary to kill those around him. Not only the question of the insane, but of recidivist crime may find a

solution in this way that would be helpful. The custom of parole and of reporting to officials is in that line, but hints for the further development of the system might be taken from the customs of the Middle Ages.

The great decadence in the care of the insane came, as it did in hospitals, after the religious movement which has been called the Reformation. That put an end to all the solutions of social problems that the Middle Ages had been gradually creating for a thousand years in connection with the Church and especially monastic institutions. Like the chronic ailing and the poor, the insane, and particularly those of milder type, were turned out of institutions to wander as they would, so that England became full of sturdy vagrants, *validi vagrantes,* tramps, in our day, many of whom were lacking somewhat in intelligence. The severer forms of insanity were put under duress more and more until very serious abuses developed. The worst of it was that supposedly normal people paid for the privilege of being allowed to enter the asylums, in order to watch the antics of the insane from a safe location and be amused by them. They found it a matter of entertainment rather than of pity. The practice was so common at one time that there were actually complaints from theatrical managers that their business was interfered with in this way.

The extent to which degradation went in the asylums for the insane is almost unbelievable. To read the accounts that we have of conditions in these and other public institutions at the end of the eighteenth and beginning of the nineteenth century, it is very hard to believe that there was anything like Christian charity or feeling for the unfortunate in the world. Conditions were worse in this country than they were in

Europe, if possible. To a very great extent our insane in the United States were cared for in special departments of the county poorhouses. They were nearly starved, their quarters were often without proper heating arrangements, they were in tatters and they were subject to all sorts of abuses from their keepers. They were given anything to eat that was the easiest to prepare and the cheapest to provide, for the one idea was to make money out of the meager allowance that was granted by the state for their sustenance. Perhaps the best demonstration of the awful condition of affairs that developed as a consequence of the neglect of the insane is to be found in the history of pellagra in this country. Unfortunately, that shows that the medical profession was very largely to blame for the almost incredible abuses and unlivable conditions which developed in institutions that were supposed to furnish unfortunate citizens of a free country such shelter and such care as they deserved at the hands of their fellow-citizens.

Professor Osler in editions of his textbook "Practice of Medicine" at the beginning of the nineteenth century suggested that pellagra was not of special interest to medical students in America because the disease occurred only among foreigners. It was considered by many to be due to spoiled maize, just as ergotism was due to spoiled rye. The year after Osler's publication of that declaration, a case of pellagra was discovered in a patient who had been born in America and whose ancestors for many generations were American born. The following year a dozen such cases were described and then, in subsequent years, hundreds more were found, until it came to be very clear that pellagra had been in existence in this country for over a hundred

years, and that probably a hundred thousand persons had died of it, and yet it had been missed entirely by the physicians.

The reason for this was that the disease occurred among the inmates of the insane departments, particularly of the county poorhouses in our southern states. We now think that we know that pellagra is a deficiency disease, due to the lack of some essential element in the diet, probably one or more of the vitamins. These patients were fed on "hog and hominy," or on "corn pone and bacon," and eventually developed this destructive disease which caused their minds to give way and various mutilations of the body to take place. It nearly always proved fatal.

In the city insane asylums, however, conditions were quite as bad. Nutting and Dock say: "The treatment of the insane at Blockley was especially heart-rending, or, if in other places it was as bad, more meager details have come down to us. Inconceivable as it sounds, the female lunatics were under the charge of a male keeper, who, assisted by two male paupers, slept among the female insane and took the entire management of the violent cases, even to bathing, or washing, and dressing them. Says the history quoted: 'Some of the patients, even in their madness, shrank from this rude handling and raved with increased fury at their indecent exposure. Revolting to decency as this practice was, it was not without difficulty, and only by degrees, abandoned.' "

Over in England, at Bedlam, people were permitted to visit the asylum, at a safe distance from the patients, in order to be amused at the antics of the insane. A great many of the well-to-do took their friends for this purpose and it was supposed to be a very interest-

ing form of entertainment. Only a penny was charged for admission and yet a very substantial addition, amounting to several thousand dollars, for the revenues of the institution was thus obtained. This shows that many thousands of people must have taken advantage of the opportunity. It was the custom also, at Blockley, to permit "the lowest and coarsest of the public rabble to visit the wards for the insane, to laugh, scare and jeer at them as if they had been wild beasts in cages."

Most pitiful of all, however, was the fact that because they feared the patients would burn themselves or burn down the house, no stoves were allowed in the wards for the insane, and as there was no steam or hot-air heating the wards were bitterly cold. The nurses' quarters were heated, but the insane were supposed to be insensible to the cold. Other abuses, such as the rough handling of patients, the utter neglect of cleanliness, the perfunctory preparation of food, its presentation in unpalatable form, the disturbance of patients by those among them who were violent, all served to make insane asylums in this country a series of little hells on earth.

These abuses were, however, only the worst features of the institution. There were others that were almost as bad. Some of the patients were almost without clothing. A great many of them were in a sad condition of uncleanliness. Some of them were positively filthy. All of them were verminous. Their food was of the poorest possible description, lamentably prepared and almost no attention was paid to their wants. No wonder that the friends of insane patients refused to send the sufferers to such institutions until it became absolutely impossible to keep them at home.

The result was the very sad disturbance of a great many families whose physical make-up was likely to render them particularly susceptible to such disturbance.

This county hospital in its insane department was no worse than similar institutions in most other parts of the country. No wonder the friends of the insane dreaded them, and insane patients themselves who, recovered to some extent, had to witness these abuses were shocked at them. If, by any chance, they succeeded in securing their liberty for a while they dreaded intensely having to go back there.

Under the circumstances patients were kept at home who should have been long before under proper surveillance. Robert Frost, the New England poet, in his volume of poems called "North of Boston" tells the story of a young woman who married in New England about a hundred years ago and who went home with her husband to stay at the family homestead on the farm. Upstairs, in the garret, the insane eldest brother of her husband was confined in a sort of cage made of strong hickory slats. He was stark naked, refused to wear clothing and tore off all clothes that were put on him. He smashed dishes offered to him so that his food had to be given to him on shingles; he used to sleep during the day and stay awake and howl loudly most of the night. He found great diversion in snapping the hickory slats together for he was enormously strong and used his strength with the vehemence of the insane, finding great entertainment in the sounds thus produced. It is easy to understand the feelings of the bride who found herself brought home to live for years under conditions of this kind. There was nothing else to do, however, for her hus-

band knew only farming and had no farm to work, except the one belonging to the family, and they just had to do the best they could.

While conditions for the insane at Blockley Hospital were so bad even toward the end of the first half of the nineteenth century, this only represents a vivid picture of what would have been found in most of the hospitals for the insane throughout the United States. The Quakers in Philadelphia were the first in this country to attempt a reform in this matter, and Kirkbride's Asylum was a noteworthy pioneer which furnished a magnificent example for other places.

Just as soon after the foundation of Mother Seton's Sisterhood as subjects could be supplied for this work, a hospital for the insane was opened at Mount Hope near Baltimore, which proved to be a great advance over other institutions for the insane so far as the gentle care of them was concerned. Physicians were not yet capable of caring for these patients, and too little was known about their affections for the treatment to be properly directed. The presence of the Sisters, however, led to the sending away from home of a great many patients, who otherwise would have been kept in the household, to represent a very serious strain on the nervous system of the members of the family, some of whom were suffering from a similar insane tendency, and therefore were by heredity ever so much more likely to have insanity develop in them.

Mount Hope was destined to have a sister institution not long after its foundation, the history of which illustrates very well how Mother Seton's daughters faced serious social problems and helped in their solution.

Some seventy years ago Providence Insane Asylum,

now Providence Retreat of Buffalo, the oldest institution for the care of the insane in western New York, was established by the Sisters of Charity (1860). It owes its foundation to a visit paid by Sister Rosaline Brown to the county hospital, where the insane of the western part of the state were confined at this time, there being no state hospital nearer than Utica. She was deeply touched by the lamentable conditions for the patients which she found to exist at the county hospital. Considerably more than half a century before, Pinel in Paris had begun the reformation of treatment for the insane by striking the chains and manacles off the limbs of the insane patients at Bicêtre, just outside of the French capital. In the Buffalo County Hospital, however, a number of the patients were still in chains, and a great many more of them were tied to posts or fastened to chairs that were securely fixed, so as to prevent any possible movement from a particular spot.

Sister Rosaline, after having visited the Buffalo County Hospital a number of times in the hope of being able to do something to alleviate the conditions that existed among the insane, was led inevitably to the conclusion that the only helpful thing to do would be to bring about the foundation of a hospital for these patients, so sadly in need of humane care. She secured permission from her superiors to take up the work and succeeded in obtaining a substantial sum of money by personal solicitation from friends in Buffalo and from those who were touched by the story she told. The benefactors included many of Buffalo's prominent citizens. Her project was so demanded by the sad conditions that existed that she was enabled to borrow money to eke out her resources, until she was able to

purchase thirty acres of land outside of the city and erect a building there.

The Civil War came immediately afterwards and disturbing conditions developed, which made it a very hard struggle to maintain the hospital and care for the patients properly. Water had to be brought in barrels for a mile or more. The Sisters in charge made sacrifices without stint. It is not surprising that success crowned their efforts in spite of all their difficulties. For many years the majority of their patients were county charges paid for by the poor taxes, until the development of state institutions furnished provision for these. Then the Providence Lunatic Asylum became the Providence Retreat for the care of private insane patients, a well known institution.

XI

ST. CATHERINE OF SIENA: PATRONESS OF NURSING

THE organization of care for the ailing and of the training in the practice of nursing, as it was carried on in the later Middle Ages, is well brought out by even a brief sketch of the life of St. Catherine of Siena. She was the daughter of a merchant, a dyer, in the comparatively small town of Siena, her mother's twenty-fifth or twenty-sixth child, it is not sure which, for sometimes in these large families they lost track of the exact precedence, and besides, Catherine was one of twins. It is often said that the children of such large families, especially the later ones, are likely to be lacking in intelligence, or at least mentally defective to some degree. Catherine proved to be an intellectual genius of high order, one of the greatest intellectual women of history (St. Teresa of Spain alone excels her perhaps), who stamped her personality deeply upon her century. Editions of her works, as of those of St. Teresa, have continued to be issued down the centuries ever since. As a matter of fact geniuses, as their biographies show, are usually born after the fourth in the family, while it is the earlier children, especially if parents are somewhat on in years, who are likely to be intellectual defectives.

From her earliest childhood, Catherine showed marvelous signs of piety and of special devotion to religious duties. At the age of seven she vowed per-

petual virginity. She is but one of these great saints, perhaps a dozen of them altogether, who have been inspired, in some not easily comprehensible way, to make a vow of this kind at a very early age. The chief external manifestation of her intense religious feelings, however, took the form of the desire to devote himself completely to the care of others. When she was scarcely more than ten years of age, she asked permission to leave home and give herself entirely to the care of the poor in the hospitals. Italian girls are likely to be maturer at that age than ours, but almost needless to say, this was a great surprise for her family. In order to test her willingness to work for others, she was given the task of doing all the housework in her large family, her parents being convinced that good hard work would bring her to her senses. She did the work so well and, above all, so willingly and so cheerfully, and with such simple-hearted devotion to the task in hand, that she quite won the hearts of her parents to her way of thinking and made them realize that they were probably in the presence of a divine vocation or, at least, of very precious religious impulses to forget herself and care for others, that must not be opposed any longer.

The family, therefore, permitted Catherine to take up her work in the hospital. She devoted herself particularly to the old and the chronically ailing patients and, above all, to those who were most repulsive. She nursed the lepers when others were afraid to go near them, and she took care of the chronic cancer cases and other such deterrent affections. Undoubtedly, many other diseases were confused under the term leprosy in those days, but the more repulsive a patient was, and the less of sympathy there seemed to be for

him, the surer he was to attract Catherine's attention. As the result of this example of hers, the hospital in Siena came to be looked upon as one in which special care for the ailing was exercised. The poor were glad to be taken to the hospital, confident that the best of sympathetic care would be afforded them.

After a time Catherine joined a band of women who visited the poor in their homes and, whenever they found them suffering severely or likely to be ill for some time, brought about their transfer to a hospital. The members of the band belonged to the Third Order of St. Dominic. Most of them were elderly and they refused at first to take in so young a woman, but as the result of an illness Catherine was so unattractive-looking they consented to admit her. This organization, which represented what we would call the visiting nurse, came to represent a feature of hospital life and care for the ailing that was imitated in many cities of Italy after a time. In order to secure the transfer of the ailing to the hospital, Catherine also organized a group of young men, who were willing for her sake to be stretcher-bearers for the transportation of the ill from their homes to the hospital. They also picked up the sick on the street or the injured or the wounded and carried them to the hospital.

Catherine soon came to realize that not a few of the men, particularly those who were treated in the hospital, came there as the result of wounds inflicted in connection with the family feuds which were so common in the cities of Italy about this time. English-speaking people are likely to be familiar with feud conditions in Italy in the fourteenth century from their acquaintance with Romeo and Juliet, though sometimes, doubtless, there is a feeling that the feud in the

play may have been exaggerated by Shakespeare for the purposes of the drama. It represents literal truth however, and tragic incidents such as those between Tybalt and Romeo and Mercutio were of as frequent occurrence on the streets of Siena as they were in Verona. Catherine set about appeasing these family feuds, though she was only a young woman of sixteen or seventeen, and almost needless to say found the problem very difficult of solution. Her devotion to her patients in the hospital gradually acquired such prestige for her among the citizens of Siena that people were willing to listen to her, but she was called on to give further proofs of her devotion before success came to crown her efforts.

In order to prevent feuds as far as possible, the most stringent laws were enacted, and those who took part in street quarrels in which anyone was wounded, even though death did not follow, was condemned to death and a number of executions were ordered for the sake of their moral effect on others. Catherine visited these young men in prison and endeavored to get them to repent of their hatred toward others, but found her efforts in vain in some of the cases. Finally, one young man told her that he would willingly confess and receive the sacraments, if only she would accompany him to the scaffold and when his head was cut off be ready to receive it. Executions were by the ax of the headsman. Catherine, in spite of her hospital experience, had been very sensitive all her life to the smell of blood and feared that she would faint, but she promised to accompany the condemned man to the scaffold and did so, receiving his head into her apron as it fell under the executioner's ax.

It is easy to understand how much unselfish devotion

of this kind added to Catherine's prestige, and she was able to appease most of the family feuds in Siena. As a result of this, she was asked to be a messenger of peace and good will between warring towns in Italy. These were scarcely more than family feuds, and yet were bringing about a great loss of life, and creating an immense amount of suffering. She came to be the most influential woman in Italy, and then, after a time, was selected as the ambassadress to the pope at Avignon in order to have him come back to the Eternal City. His absence from Rome had been the signal for disorders of all kinds, and the city had reached a nadir of population which almost threatened extinction. Following an earthquake shortly after the middle of the fourteenth century, it is said that the population of Rome decreased to scarcely more than ten thousand.

Catherine succeeded in bringing the pope back from Avignon to Rome, but only on condition that she would take up her residence in Rome and help the pontiff to quell the disorders so common all over Italy, but particularly in Rome itself. Unfortunately, Catherine did not live long after taking up her residence in Rome. She died at the early age of thirty-two, having quite literally "accomplished a long space in a short time." Her body, still incorrupt, may be seen in the great church of the Minerva at Rome, which is not far from the Pantheon or temple of all the gods of the Romans, now transformed into a great Christian church.

Catherine had won her prestige particularly by devoting herself to the care of the plague-stricken in her native city. These were the sufferers from bubonic plague which proved to be such a scourge for Italy, just after the middle of the fourteenth century. It is said that nearly sixty percent of the people of some of the

Italian cities perished of the plague. Everybody abandoned the plague-stricken in fear for themselves. Husbands and wives fled from each other, even fathers and mothers did not stay to care for their children, but Catherine organized a group of brave souls, who, in spite of the danger around them and the appalling conditions that prevailed, devoted themselves to the care of the plague patients. It is easy to understand what a reputation she acquired for utter forgetfulness of self and thoughtfulness for others and how much of influence she came to exert over those around her.

She did not learn to read until she was twenty-four, nor to write until she was twenty-eight, but in the meantime she had dictated a series of letters that represent some of the best Italian prose ever written.* Her writings represent the Tuscan dialect of Italian as spoken in Siena. Tuscan, which has now become the classic form of Italian, was spoken in Florence and Siena and Catherine is the recognized authority for the Sienese participation in classic Italian. Any word that she used is accepted by the dictionary of the Italian Academy and, if it is unique with her, it is set down as a Catherinian word, but one that deserves a place in the language. Catherine was a mystic, as well as an organizer of care for the ailing, and her writings have

*Professor Vida Scudder of Wellesley College, Massachusetts, has been an ardent student of St. Catherine of Siena in the twentieth century and has done more than anyone else to call attention to the greatness of this intellectual woman of the later Middle Ages. She has edited some of her books and has shown how much attention has been paid to Catherine in many countries. I remember, some years ago, asking at the Library of Congress for a volume of St. Catherine's works or a life of her, and was told that they had nothing with regard to her. When I expressed my surprise we looked up her name in the British Museum catalog and found, as I recall, over a hundred entries listed. Modern interest in the Middle Ages has helped to correct the neglect of Catherine as a world figure.

attracted a great deal of attention in our day. It was of her that Algernon Swinburne, the English poet, wrote so beautifully:

"Then in her sacred saving hands
She took the sorrows of the lands,
With maiden palms she lifted up
The sick time's blood-imbittered cup,
And in her virgin garment furled
The faint limbs of a wounded world,
Clothed with calm love and clear desire
She went forth in her soul's attire,
A missive fire."

At Catherine's death the citizens of Siena took the very practical point of view of erecting a monument in her memory by rebuilding the hospital in which her work had been done, and to the visitor in Siena in our day that stands as a memorial to her unselfish devotion to her fellow men and women of Siena, particularly for those who were in saddest need of care. Her name and her fame have persisted. Editions of her works have been published in many languages and she has been the subject of loving attention from a great many sympathetic minds down to our own day.

The romantic aspects of her devotion to the ailing poor caught the eye of many an artist in Italy, and so we have a large number of pictures of St. Catherine. Many of these are by some of the greatest of the Italian artists of the fifteenth and sixteenth century. According to an old-fashioned legend, her devotion to the ailing poor and needy was so pleasing to the Master, who had gone about healing the ailing, that she had a number of visits from celestial personages. Above all, the Christ Child was so much interested in this young woman, who, when scarcely more than a

child, had insisted on devoting herself to His ailing poor, that He put a ring on her finger as an index of the fact that she was to be His heavenly spouse. This mystical marriage of St. Catherine has proved a fruitful subject to Italian artists. More than a dozen pictures of this event by distinguished artists, some of them among the greatest artists of all time, are to be seen in the museums and churches of Italy, though of late years some of them have found their way to America.

How Catherine's influence, not merely as a literary woman or diplomatist, but as a force for the creation of instruments for caring for the ailing poor persists down to our own day can be best appreciated from the fact that she was the favorite saint and the patroness of Mother Alphonsa Hawthorne Lathrop, who established the homes for the incurable-cancer poor in New York. Before her marriage to George Parsons Lathrop she had been Rose Hawthorne, the younger daughter of Nathaniel Hawthorne, called by the literary friends of the Hawthorne circle, "the Rose of all the Hawthornes." After her conversion to the Catholic Church and the death of her husband, she looked around for some such work as Catherine of Siena had done, and found that the cancer poor, when their cases became inoperable, could find no refuge except the poorhouse, or at least, the almshouse hospital. Many of them had great repugnance to that so Mrs. Lathrop began the organization of care for them and her institute gradually shaped itself into a branch of the Third Order of St. Dominic, such as Catherine of Siena had belonged to and had reorganized nearly six hundred years before in Siena.

A little earlier than Mother Alphonsa and her con-

gregation of the Servants of Relief for the care of incurable cancer, another branch of the Third Order of St. Dominic was organized in New York with St. Catherine of Siena as its special patron. This is the Visiting Sisters of the Sick Poor. Their organization was the result of the great-heartedness of another woman, but from an entirely different social stratum; while Mother Alphonsa Hawthorne Lathrop came from the educated and intelligent classes of this country, Mother Mary Walsh was just an ignorant Irish immigrant, who knew how much the poor in their homes needed help in times of illness, and who, after many trials and hardships, succeeded in bringing together a group of women who do this work now in some half a dozen cities of this country, and who have a country home for children and another for convalescent women and for their own Sisters, when they have been ailing and need a rest. The spirit of St. Catherine of Siena lives on in these two institutions, in a very wonderful way, six hundred years almost after her death. Still, in Swinburne's phrase, "the sorrows of the lands are in her sacred saving hands," and ever so many human sufferers are happier because the inspiration of the work that she did more than half a millennium ago still stirs human hearts to do great good work in another age in long-distant countries, undreamt of in Catherine's time.

XII

NURSING IN AMERICA: SPANISH PHASE

THE history of nursing in America begins in Mexico, has rather important chapters in the South American countries, particularly Peru, and has an extremely significant chapter under the French in Canada. Our nursing, unfortunately, here in English-speaking America had reached such a depth of degradation that, except for certain hints of an effort to give some training to medical attendants at one or two of our American hospitals, the less said about nursing the better, until the introduction of the Nightingale nurses. They did not come to this country until they were introduced into Bellevue in 1872. The trained nurse actually did not come to Blockley, the great almshouse hospital of Philadelphia, for a dozen years after that. Indeed the demand for nurses, properly trained, was not felt in the hospitals generally throughout the country until Lister's revolutionary discovery of the value of antisepsis in surgery began to make itself felt over here and the application of Pasteur's new knowledge with regard to bacteria made it absolutely necessary that nurses should be of such an intellectual caliber and development as would permit them to be trained in the prevention of infection through absolute cleanliness.

Dr. Valentine Seaman at the New York Hospital had tried to do something toward the training of nurses just about the beginning of the nineteenth cen-

tury. That hospital received its charter in 1771, but a fire and later the use of it for a British barracks kept it from proper organization, until the last decade of the eighteenth century. In connection with the maternity department of the hospital, Dr. Seaman, who was far ahead of his time in outlook as to the cause of infectious processes in hospitals, organized a course of lectures, some twenty-four in number, for nurses, including outlines of anatomy, physiology and the care of children. The three concluding lectures of this course have been preserved in a small volume called "Midwives' Monitor and Mothers' Mirror," published by Isaac Collins in New York, in 1800. The organization of this modicum of training for nurses in the New York Hospital was admirable, but seems to have extended scarcely beyond the maternity department, and had little or no effect outside of the New York Hospital itself. It seems likely that after Dr. Seaman's death much of his good work in this matter fell into desuetude, though New York Hospital, as the result of his initiative, continued to have a much better class of nurses than most of the other hospitals of the country. At St. Elizabeth's Hospital in Boston in the later sixties, Dr. Horatio Storer tried to organize nursing and succeeded in accomplishing notable advances for the benefit of his patients.

In his little volume issued in the *Tracts for the People Series* on "Nurses and Nursing," * Dr. Storer outlined very clearly the organization of trained nursing as it came to develop in the next decade. His expressions show that he recognized all the benefits that would surely accrue from this development. He said:

* Lee & Shepard, Boston, 1868.

"There must, sooner or later, be established, in connection with all large hospitals, scholarships, as it were, for nurses, corresponding somewhat to those already provided for ambitious medical students, who, for six months or a year, receive the appointment of resident or house physicians and surgeons. Many capable women, under such circumstances, would be found to gladly offer their services gratuitously in return for such privileges, and the honorable certificate a faithful performance of duty might justly receive. Instruction might thus be afforded to nurses, not merely at general, but at special hospitals, the advantages of which are becoming recognized in every large city and to aid in the establishment of one of which this little book has been written."

After the trained nurses from England under Sister Helen had been at work for nearly a year in the female wards at Bellevue, they themselves proposed that they should take charge also of the male wards. They were ever so much more needed by the men, but the medical staff hesitated very much to ask women nurses to care for men under the awful conditions which prevailed. When Dr. Stephen Smith seconded the desire of the nurses to take over the male wards also, there was very strenuous opposition aroused on the Medical Board. It was said that the male patients of Bellevue were—we owe the expressions to Dr. Smith's report of the Medical Board meeting—"nothing but a raft of bums from Five Points and the Bowery and to send the nurses among them would be an outrage." This opposition came from just the same men who had originally opposed the idea of the introduction of trained nurses at all, because they felt that it was too much to ask

respectable women to do their work under the conditions that existed at Bellevue.*

If we turn from these conditions which existed in the hospitals of English-speaking America, even in the last quarter of the nineteenth century, to what we find about hospitals and nursing in Mexico, well above two hundred years before, the contrast is very striking. The first hospital built on the American continent was erected by Cortés in 1524 on the site on which he and his followers first met Montezuma and his chieftains in the battle which decided in favor of the Spanish conquest. The land for the building was donated for hospital purposes by the Emperor, Charles V, at that time the King of Spain. The hospital was meant for both natives and whites, and the supreme surprise with regard to it is that it is one of the most beautiful hospital buildings ever built on the American continent. It is still standing in the city of Mexico, though, since the recent revolution, no longer used as a hospital. A good idea of the beauty of the interior courtyards can be secured from two pictures in Nutting and Dock's "History of Nursing."

Just how the nursing in the hospital was conducted we do not know for sure, though the presence of Sisters in other hospitals in the city of Mexico would seem to indicate that they probably also had charge of this.

The second oldest hospital in America was that of Santa Fé, or Holy Faith, founded in the city of Santa

* Perhaps one of the most interesting reflections on the conditions at Bellevue, the reform of which we owe to Dr. Stephen Smith, is the fact that Dr. John W. Draper was a member of the Medical Board of the hospital and he had been working with conditions for his patients that would have been quite impossible in the beautiful well-ordered hospitals of the Middle Ages, and yet he was constantly abusing in his writings the ignorance and backwardness of those same Middle Ages.

Fé, Old Mexico, in 1531. Nutting and Dock * say that this hospital was founded by a remarkable man who became bishop of Michoacan, and who supported it at his personal expense. He was a very striking character who organized a community of Indians at Santa Fé not unlike those which were afterwards established in the Missions of California. The good bishop gathered a community of thirty thousand Indians who lived under what was almost monastic discipline, practising particularly hospitality and all the works of charity. This hospital at Santa Fé continued for centuries like the one built by Cortés in Mexico to afford aid and comfort to the ailing people of the vicinity, both natives and whites.

But this was only the beginning of hospital foundations in Mexico. Professor Priestley, who is the associate professor of history at the University of California, and has devoted much time to historical research with regard to Old Mexico, because California formed part of that country until less than a century ago, says in his volume, "The Mexican Nation": †

"The work of conserving the health of the population always fell in large measure upon the Church. Its various orders were especially well adapted to such labors and private beneficence often aided them where the hand of the government was ineffectual."

In a word, hospital conditions in Mexico during the sixteenth century developed very much as they have among Catholics in the United States during the past seventy-five years. Priestley continues that "The hospitals maintained by the religious orders were practically the only institutions adapted for the alleviation

* Op. cit. 403.
† P. 65.

of suffering until the organization of the *Hospital Real de Indios,* established in 1540 by the absorption of an institution already in existence in Mexico City. This hospital was endowed with the income from an *encomienda,* that is a great farming estate, and supported by a tax of half a *real* (two and one-half cents) from each Indian citizen. By the end of the eighteenth century there were nine government-controlled hospitals in the capital besides several private ones. They were either in the hands of the religious orders or supported by the benevolence of wealthy members of the Church."

As a matter of fact a very definite organization of hospital and nursing care for the natives as well as the whites in Mexico took place during the sixteenth century. The Spaniards were very diligent in their care for the natives. Professor Bourne, director of the department of history at Yale, who was the best authority on Spanish-American history in this country at the beginning of the twentieth century, has a paragraph in his volume, "Spain in America," the third volume of *The American Nation Series* * edited by Professor Albert Bushnell Hart of Harvard, on the organization of care for the Indians that is very striking. It occurs in his chapter on "The Transmission of European Culture":

"Every town, Indian as well as Spanish, was by law required to have its church, *hospital,* and school for teaching Indian children Spanish and the elements of religion." In a word, the Spaniards were intent on taking care of the minds and bodies of the Indians, though also of the descendants of the Spaniards, and there was very definite persuasion that such care would

* Harper Bros., New York, 1906.

make good citizens out of the native Indians as well as the creoles and *mestizos* in the country.

There was a series of nursing orders of women who were in charge of many of the private hospitals, but they were also in charge of most of the government institutions. Besides these there was an order of men devoted entirely to the care of the ailing. This was known as *La Caridad* (charity, in Spanish), an order which had been founded by Bernardino Alvarez, who had been a private soldier in New Spain and, like Camillus of Lellis in Europe, who was the first to use the red cross as a symbol of charitable work for the wounded, had himself had the opportunity to realize how much the wounded or ailing soldier might be called upon to suffer for lack of proper care. He therefore organized a group of men devoted to nursing with the idea of providing skilled care on the battlefield and in the military hospitals especially near the front. During the *sixteenth* century this order founded hospitals, according to Professor Priestley, in Oaxtepec, Jalapa, Perote and Puebla, and undoubtedly accomplished a great deal of good, for they were devoted to their profession from the fine unselfish motives that make so definitely for the application of experience to refine and develop natural talent.

The Franciscans, from the beginning of their work in New Spain, had been very much interested in the care of the ailing as well as in the instruction of the natives. They won the hearts of the natives by their care of them when ill. When the Franciscans came over to New Spain their first province, or *custodia,* of the order was divided into four districts and by the middle of the century convents were built in each of

these four, and, as Priestley says, "hospitals and schools sprang up beside them."

Charles Lummis in his volume, "The Spanish Pioneers," * a work which was written with the idea of making known to Americans generally something of what had been accomplished by the Spaniards on this continent,—for we were just then in the midst of the celebration through the Columbian Exposition in Chicago of the discovery and beginning of exploration in the western hemisphere by the Spanish,—called attention to the fact that at the beginning of the nineteenth century there are official records of eleven hundred beds in the hospitals of Mexico City, which were available for the care of the ailing poor. At that time the population of the city was less than 150,000 and Mr. Lummis comments very correctly that there was no city in the United States of a population such as this that provided anything like similar accommodations in its hospitals, even at the end of the nineteenth century. As I have said elsewhere, as late as 1870 here in the United States we had 149 hospitals altogether, with 35,000 beds, for nearly forty millions of people. At the present time we have some 850,000 hospital beds for over one hundred and twenty millions of people. Even with all this we are only approaching the hospital provision for our people that Mexico City was affording for hers over one hundred years ago.

To many people it would probably seem as though, in spite of the presence of hospitals and religious nurses in them, that the care for the ailing poor in Mexico must not have meant very much, since the Spaniards and above all, the Spanish-Americans knew very little about medicine, and even less about the successful prac-

* A. C. McClurg & Co., Chicago, 1909.

tice of it. As a matter of fact, however, medical education in Mexico was advanced far beyond that in the English American colonies. The medical school of the University of Mexico was founded about 1578, while our first medical school in what is now the United States was founded at my own *alma mater,* the University of Pennsylvania, in 1768. There was almost exactly two hundred years between them, the precedence being in favor of Mexico.

They took their medical education in Spanish-America rather seriously. There was another medical school founded at Lima in Peru before 1600. They would not permit entrance into the medical school until the student had been graduated from the undergraduate department with a bachelor of arts degree. Our medical schools, until the last quarter of the nineteenth century, took anyone who applied. He need only be able to read and write, and need not write very well. Druggists were expert at deciphering almost any sort of hieroglyphics. The Spanish-Americans then required four years of attendance at the medical school. Our medical schools, until after 1880, demanded attendance at but two terms of ungraded lectures during four months each of two years. The first professors in Spanish America came from the Universities of Paris and of Salamanca, which were considered to be the ranking universities of Europe at that time. Most of them came from Salamanca and there was a tendency among the scholars of the period to put Salamanca even higher than Paris in prestige during the sixteenth century. The University of Paris had been very much disturbed by the religious wars in France, while Spain was free from civic dissensions over religion because

the Lutheran reform movement gained no serious foothold beyond the Pyrenees.

The demonstration that Mexico was taking medicine very seriously is to be found in the medical books which were published in that country. The first medical book printed in Mexico and, therefore, on the American continent, was Dr. Francisco Bravo's *Opera Medicinalia,* a series of monographs, four in number, on Typhus Fever, Venesection in Pleurisy, Critical Days in Disease, and Sarsaparilla. These were four serious studies of medical subjects. The volume containing them was published in 1570. The first medical book printed in what is now the United States, was published in 1776, more than two centuries later. It was a little compend of information on surgery to be carried in the pockets of the surgeons of the Continental Army, so that their mode of treatment of wounds might have something in common. There was no question of presenting any original observations, and it does not compare at all with the first medical books published in Mexico.

A preceding book on medicine had been written in Mexico some years before, which had been published in Spain. This was the *Secretos de Chirurgia,* "Secrets of Surgery," written by Dr. Pedrarias de Benavides. This was published at Salamanca in 1567. Dr. Benavides had tried to collect all the information with regard to the treatment of wounds that the savages were supposed to possess, as well as all that they knew about medicine, in order to impart these secrets to his Spanish colleagues.

Nearly seventy years before this, on the second voyage of Columbus, Dr. Chanca who had been a professor at Salamanca, a royal physician to King Ferdi-

nand and Queen Isabella, was appointed physician to the 1,500 members of the expedition. He gathered much interesting material with regard to the climate, the diseases, and the remedies that he found in use among the natives, and wrote these up in a small monograph which was published in Spain in 1504. These Spanish physicians were very serious medical scientists, striving to increase the bounds of knowledge and hoping to add to the armamentarium that physicians and surgeons possessed in Spain by whatever the Indians might have learned. In Columbus' time America was thought to be the East Indies and they hoped for valuable additions to their knowledge from the cultured peoples with whom they hoped to come in contact across the water.

As a matter of fact, the Spaniards discovered a series of rather valuable drugs that were in use by the Indians and introduced them into Europe. Among these was quinine, which, after opium, is probably the most important drug in the pharmacopeia. There was also, however, the balsam of Peru, the balsam of Tolu, and cascara sagrada, as well as grindelia robusta and other less well known remedies. Many of these continued to be used by the medical profession for a great many years.

The Spanish physicians in this country then were alert and progressive, and it would be expected that they would do excellent hospital work and maintain their hospitals at a high standard. The tradition is that they did so. We have a series of other books that they published. There was an *Anathomia* by Dr. Farfan, the Augustinian, published in 1579, a copy of which came on the market not long ago and sold for nearly $2,000. There was a compilation of surgical

information, *Recopilacion de Chirurgia,* published before the end of the sixteenth century; then there was a series of other books, many of them of no little significance in their time, relating to medical and surgical subjects, all of them published several centuries before there was any attempt made to write and publish original works on medicine and surgery in the territory that is now the United States. Under the circumstances, it is very easy to understand that Spanish-American hospitals must be expected to have been better organized than those in the English colonies. They continued to maintain that precedence so long as the Spanish colonies remained under the rule of Spain. They lost it only well on in the nineteenth century. For anyone who knows the disturbed state of the country since independence was achieved, with a revolution that gave them a new president nearly every year on the average, excepting dictators, it will be readily understood why the hospitals deteriorated.

XIII

NURSING IN AMERICA: FRENCH PHASE

AFTER the Spaniards, whose hospitals like their schools, colleges and universities came into existence in the sixteenth century and did excellent work, came the French with their foundation of hospitals. Their first hospital in America, which is still extant, is the Hôtel Dieu at Quebec, which was founded very early in the history of the colony (1648). There had been a preceding foundation at Sillery but it was deemed advisable for protection against the inroads of the Indians to transfer the institution to the larger better fortified town. When it was founded there was crying need of hospital care for both the natives and the colonists. There had been a series of epidemics of various kinds and many forms of disease very much like those to be found in the history of the foundation of the English colony of New England about the same time. When Europeans came in contact with the Indians, they gave them particularly their diseases, and when these had not been in existence before they raged with particular virulence. Even measles spread rapidly among the native adults and carried off a great many of them. Tuberculosis became a veritable scourge and smallpox a pest with very high mortality.

No wonder that one of the Jesuits, Father Le Jeune, writing in the *Jesuit Relations* * pleaded for a hospital.

* The *Jesuit Relations* were series of letters, being called in the French edition *Lettres Edifiantes,* which were written home every year by the missionaries, describing conditions as they found them among

Such an institution would benefit not only the bodies but the souls of patients, because nothing would make the Indians appreciate more thoroughly the unselfish desires of the missionaries in their regard than the taking care of them in time of sickness. The hospital, especially if it had the advantage of womanly care for the patients, would surely bring a great many conversions. The missionaries appreciated that, if it were only the ailing children treated in the hospital who might be baptized before death, for a great many of them died in the midst of the hardships, these would represent so many souls won to Christ, and their mothers would surely be converted all the easier, if they saw their children being tenderly cared for.

The niece of the great Cardinal Richelieu, the Duchesse d'Aguillon read Father Le Jeune's *Relation* for 1635 and as a result of its vivid appeal became deeply interested in the idea of the foundation of the hospital at Quebec. When still a young woman she was left a widow and had devoted herself to works of charity in France. She did an immense amount of

the Indians. The missionaries were required by their superiors to send these accounts. They were written partly for the purpose of edification, as the name implies, for they were read in the refectories of the houses of the province to which the missionaries belonged. Partly also they were written to inspire younger members of the order to become volunteers for the missions, as often happened when they heard of the hardships which their brother members of the order at a distance were undergoing. The letters also had a valuable effect in renewing the spirit of the writer and his attachment to his Jesuit brothers by writing out all that could be of interest for them in the routine of his missionary life. These *Jesuit Relations* have now been gathered in some sixty volumes, representing precious materials for history. The original editions of them command high prices in the auction rooms when they come on the market; the reprint of them is in all the great libraries, and besides, an abbreviated edition has recently been issued, which gives an excellent idea of both physical and spiritual conditions as they existed in the French colonies in those days. We have appealed to them recently to prove that tuberculosis existed in this country before the whites came.

good and came to be looked upon as a wonderful devotee of charity. With something of her uncle's practical genius she set about bringing together the various elements that were necessary to secure the establishment of a hospital in the colony on a permanent basis. She obtained the approval of the cardinal, which almost needless to say meant very much for the success of the undertaking. Through his influence she obtained a grant of land from the "Company of New France" which had been given charge by the French government of the colonization and development of Canada. Next the duchess turned to the order of Augustinians at Dieppe, one of the oldest orders of hospital nuns in France founded at the beginning of the thirteenth century. It was Augustinian nuns who served in many hospitals of the Holy Ghost in the later Middle Ages when Pope Innocent III brought about the great hospital movement of that time. They were noted for their ability to manage hospitals and provide excellent trained care for patients.

Some of the Sisters, chosen because of their robust health and their fervent charity and devotion to the sick poor, volunteered to make the long voyage across the Atlantic to found a hospital in Quebec. On the 4th of May, 1539, three hospital Sisters embarked at Dieppe and after three months of stormy crossing and after many hardships they reached Quebec on the 1st of August.

They were received by the colonists and natives with the heartiest kind of welcome, as well they might, for the need for them was great. They themselves were eminently glad to be safe on dry land again. They all knelt and kissed the soil of Canada that was to be the home of their labors and then, after Mass, set out

to visit the new settlement of Sillery not far above Quebec. They had only a temporary lodging and their baggage had not yet arrived when ailing patients of various kinds were brought to them.

A serious epidemic broke out, and before the Sisters were rested from the hardships of the long voyage of three months on the stormy Atlantic they had to begin the care of more patients than they could readily accommodate. They had not enough hospital supplies, nor even enough blankets and sheets, and they had to cut such as they had in two, or sometimes more, so as to do the best they could for the patients. A smallpox epidemic broke out and greatly terrified the Indians, who crowded into Quebec, hoping that the whites who had brought the disease into this country might be able to do something for them. Some Ursuline teaching Sisters had come over with the hospital Sisters and they now were transformed into nurses and took care of the Indians suffering from this loathsome disease. The sick and dying were packed so close together that they covered the floor; berths had to be arranged for them above each other so as to protect them at least from the elements. This was the introduction of nursing into Canada. It gives an excellent idea of the spirit of thoroughgoing self-sacrifice in which nursing was undertaken. No wonder that we hear that several of the Sisters became ill, and the wonder is that some of them did not die from the exhaustion as well as the exposure to infection. It must be recalled that there was no vaccination in those days and no assurance, except a preceding attack of the disease, that one would not fall a victim to it.

Is it any wonder that when the epidemic finally came to an end the Sisters received the affectionate title

from the Indians of "our good mothers"? They continued to live at Sillery for some years, but after a time, the governor of the colony found that he was utterly unable to defend that outlying settlement against the furious attacks of the Iroquois, so he prevailed upon the Sisters to leave their first hospital, the remains of which are still to be seen, and establish their hospital at Quebec. This represents the foundation of the Hôtel Dieu which dates from nearly three hundred years ago. It has been very well said that it was in the literal sense of the term "God's hotel," for suffering and needy humanity of any and every kind could find a refuge in it. No wonder that the habitants called it "the House of Mercy" and the Indians, "the House of Health," and that the natives developed a real affection for the place because it meant so much for them in time of dire need.

When more sick people came to apply for admission than could be accommodated in the buildings they had, small cabins were erected not far away from the hospital itself, where the patients might be cared for by the Sisters. When all the space in the hospital, as well as in the cabins, was occupied, the sick were brought even into the chapel because the good Sisters felt that charity was more important even than worship.

They organized an out-patient department in connection with the hospital to which a large number of Indians came every day for treatment for all sorts of ills that did not keep them in bed, and the natives had the greatest confidence in the Sisters and their ministrations. To secure a good idea of how close the hospital Sisters came to be to the natives and what an influence for good they exercised over them, one must read the

Jesuit Relations which tells in considerable detail the story of the Sisters and their care of the ailing natives. Almost needless to say the writers of these letters in the *Jesuit Relations* were eye-witnesses of the events which they chronicled. They told the story of the trials and hardships, which the Sisters were enduring, for the edification of religious and seculars at home in France, and yet, with the definite hope that these accounts would produce new vocations because they would have an appeal to the spirit of adventure and the sense of sacrificing one's self for others that wells up in the heart of humanity in its youthful years particularly.

One of the Jesuits, writing home to his brethren in France, tells how many pleasant things the Indians have to say about these good Sisters. When the Mother Superior fell sick, the poor Indians were very sorry for her, but more than that they were quite sure that she had fallen ill because she thought so much about them and so little about herself. "It is we who have made her ill," they said. "She loves us too much. Why does she do so much for us?" When the Mother Superior recovered her health, and the Indians had the chance to see her again, they found it very difficult to express all the welcome they had in their hearts for her presence among them once more.

The good Jesuit father says, "I have often seen the Sisters so overwhelmed by the long continued work which they had to do that they were utterly exhausted. Yet I have never heard them complain, either that there were too many patients or seen them shrink from the danger of infection, or become impatient over the trouble that they had to take with their patients." He continues, "They have hearts so loving and so tender

with regard to these poor savages that if occasionally some little present of more delicate food is given them, one can be quite sure that they will not use it for themselves, however greatly sometimes some of them may need it, but they feel that everything is meant for, and must be given to, the sick." The priest actually had to intervene and require that they should take a larger quantity and somewhat more nourishing food in order to support themselves properly, especially when they were in delicate health.

Perhaps the most interesting paragraph with regard to nursing in America is that of Nutting and Dock with regard to the fact that the good French Sisters themselves, so well trained in hospital work by the tradition that had come down from the hospitals of the Holy Ghost in the later Middle Ages, actually trained some of the Indian women so that they could be of help in caring for the sick. This represents the first training of nurses that we know of north of the Rio Grande in America, so it is worth while quoting the passage from their history of nursing:

"As the labors of the hospital nuns grew heavier, they turned for assistance to the savage women, who to their surprise quickly learned the 'practice of charity' and made, as they admitted, 'excellent hospital Sisters,' lifting and carrying the sick, assisting and serving them in every way, and preparing their *sagamite* in their own fashion much better than the Sisters themselves could do it. They described thus the work of one of these women: 'She goes for wood and for water, she does the cooking, she dresses the skins, she makes the shoes; if they kill some moose three or four leagues away she takes her sledge and goes to bring her burden over the snows.'

"The women proved, as might be expected, far more impressible than the men; and the Fathers placed great hope in them, since in this, the most savage people of the continent, women held a degree of political influence never perhaps equaled in any civilized nation."

The hospital at Quebec had many vicissitudes. War with the Iroquois was almost continuous and, as a result, there were always wounded for the hospital to care for. For their protection regiments of soldiers were sent from France and very often, when these landed, there were a great many sick among them, for ship fever, a form of typhus, was extremely common under the crowded conditions in the ships and the lack of proper food during the long voyages to provide resistive vitality. We know now that the lack of vitamins must have been a serious handicap to the passengers on these overcrowded vessels, and so we are not surprised to find how common infections were. One of these regiments came over from France and had among its members over one hundred sick soldiers; when they were removed from the vessel they overcrowded the hospital and overflowed into the houses in the neighborhood and even the church. It is no wonder that we hear from the sympathetic writer of the *Jesuit Relations* that the nuns were so exhausted by the labors they had to endure in caring for the soldiers that some of them came near dying. It is a wonder of course that they did not fall victims to the infections of various kinds which they had to treat.

Some two hundred and fifty years later when the Irish, after the famine in Ireland, emigrated to America, a great many of them landed in Quebec and, as not a few of them were suffering from typhus, or ship fever, they were cared for by the Sisters of the Hôtel

Dieu. Not a few of them died, so that there is a special graveyard in Quebec containing the bodies of these poor famished Irish, who came over to make their fortunes in America, when starvation was all they could look forward to in Ireland. They came on small sailing vessels, which often were buffeted about for months at sea. My grandmother, more than one hundred years ago, took ninety-three days in crossing the ocean to Quebec and one-half of all the passengers on the little vessel on which she came died from ship fever. She was only eighteen when she came and, but for a cousin aboard the vessel, knew no one in America, and as they were separated by the exigencies of their employment not long after landing, she was alone on her own resources. For a few days she was under the care of the good Sisters at the Hôtel Dieu in Quebec and used to tell how much it meant toward giving her back her health and strength. She lived to be ninety-three in spite of all that she had to endure in youth, and she always felt that the Sisters had given her a fresh start in life.

Next came the foundation of the Hôtel Dieu in Montreal and there is a romance behind that. The hospital owes its foundation to Mlle. Jeanne Mance, whose portrait, that of a handsome young woman in her early thirties, may be seen in the entrance hall of the hospital. The best idea of her character very probably will be obtained from the fact that at the age of seven years, like St. Catherine of Siena, she took a vow of perpetual chastity. She did not intend to join a religious order, nor did she ever join one, but all her life she wanted to do whatever she could for others. She read some of the *Jesuit Relations* and was aroused to do what she could for the colonists over

here, who suffered from so many trials and hardships. She was nearly thirty-five years of age when this call came to her and it shaped all the rest of her life.

The romance behind Montreal's Hôtel Dieu was only just beginning, however, with the vocation of Mlle. Mance. Two men in distant parts of France, one of them a tax collector and the other a young priest, Abbé Olier, had a vision in which they were told that they were expected to accomplish much for a new colony to be founded in Canada on an island that bore the name of Montreal. Somehow or other, apparently by divine guidance, certainly without any conscious planning on their part, the two men were brought to a meeting with each other, in which they shared confidences as to Montreal.

The tax gatherer found that he was called to establish a nursing and teaching order of Sisters in Montreal while Abbé Olier was persuaded that he was called to establish a society of priests for work in the new colony. Their vocations worked out mainly through the assistance of Mlle. Mance who, as the result of her vocation to Montreal, consulted certain priests and was introduced by them to pious ladies of rank and wealth who agreed to supply the funds for the hospital in Canada. Mlle. Mance was the founder, not only of the hospital, but almost of the colony. When interest in it was lagging she went back to France and obtained more funds for it. At the beginning they had no physician, and only Mlle. Mance's knowledge of a little practical nursing, with her excellent common sense, enabled them to care for the patients. Somehow or other they succeeded in getting along. During the first years there was no one to help her in this work, except some servants who performed many of the menial duties,

though Mlle. Mance herself was not afraid to tackle any kind of work. The Indians particularly were well treated by her and sometimes, when they went on hunting expeditions, they used to leave their children with her and she would care for them. This nursery service used up the funds rather rapidly but Mlle. Mance felt that the expense was justified by the results in good will secured.

Three Sisters of the nursing order of St. Joseph, who had spent several years definitely preparing themselves for this special work among the natives in the provinces of Canada, came over to Montreal and took up the duty of nursing in the hospital provided for them. Among them was Judith de Brésoles, the daughter of a noble family of Bois. Like Mlle. Mance she was another one of those children to whom there comes very early in life the call to do special work, and they respond to it whole-heartedly. At the age of six she felt this call and began to devote herself to the care of others in need, and wanted to dedicate her life entirely to such work. Like Catherine of Siena nearly three centuries before, and at about the same age as that great daughter of the fourteenth century, Judith felt that service for the poor and needy was the only thing that would make life worth living for her.

At about sixteen she left the members of her family, who were in affluent circumstances and entered a nursing order, where she was trained in the care of the sick. When she was chosen as one of those to make special preparations for the foundation of the hospital in Montreal she took a special course in pharmacy and learned all that she could about drugs as they were used at that time. She did this so as to be able to gather valuable medicinal plants in America and pre-

pare them properly as medicine. Doubtless she had the feeling that she would be able thus to judge of the value of Indian remedies and recognize the relationship of any plants that were in use over here to those that were employed in Europe. It is easy to understand that she proved to be very valuable for her community when she reached Montreal. The fact that physicians were scarce, and they often had to get along without one, made Judith de Brésoles' knowledge all the more valuable for the hospital, but also for the out-patient department which soon had to be established because the Indians came looking for relief from their ills. Most of the drugs of the time were the herbal medicines which the medical profession has now discarded to a very great extent, because they have proved inefficacious. Taken with confidence, however, especially when prescribed by this good Sister of St. Joseph, these remedies cured many an ill that might otherwise have made patients miserable for a long while. The influence on the mind of the patient must have been very favorable and Mere de Brésoles herself had confidence in her own medications because of her special studies with regard to pharmacy in France.

The authorities, both lay and ecclesiastical, at Quebec tried to absorb the hospital in Montreal but Mlle. Mance preferred to be independent. At her request Pope Alexander VII made them absolutely independent by constituting them a separate congregation under their chosen title of "Sisters of St. Joseph." At the beginning the hospital was entirely supported by the charities of France, but it came to be recognized that the institution was doing work for the community and so a government grant was made to it. Over and over again when crowded sailing vessels brought ship-

loads of soldiers into port, most of them suffering from some contagious disease, the hospital offered welcome to them all, though sometimes they were crowded to the very doors and even had to secure space outside of the hospital for additional patients. The wonder is that the Sisters did not perish from the overwork to which they were subjected and the danger of contagion so greatly increased by the crowded condition of the hospital. They went bravely on winning golden opinions from the colonists for their unselfish devotion to those in need.

Then came the conquest of Canada by the English and all the hospital income ceased; a condition of poverty and misery settled down over the country which the hospital did everything to allay but suffered itself most severely. Finally, one of the Sisters opened a bakery which secured some funds for the institution, and then other Sisters took up the business of soap-making and candle-making, as well as sewing and knitting and the like; by extreme economy the little profits made on the sale of these objects enabled them, with the addition of what was derived from the direct charity of the people, to support the hospital. It was this devotion of the Sisters to their great charitable work that preserved the Hôtel Dieu in Montreal to continue its beneficent activity down to our day.

The Hôtel Dieu in Montreal has always been an admirably conducted hospital, though of course in the days when there were no anesthetics and no antiseptics it was not an ideal place for a patient to be. The screams of operated patients and the deaths from pyemia and septicemia in the days when the best that the surgeon could hope for in an operation wound was laudable pus must have made hospital dwelling rather

gruesome. The kindness of the Sisters and their devotion to their work was such that it overcame even these serious drawbacks. Many a visitor from the States to Montreal who had the opportunity to see the Hôtel Dieu or to visit the Hôtel Dieu in Quebec was very much surprised to note the difference between these Sisters' hospitals and our own hospitals in the States, until our hospital reform came in the last quarter of the nineteenth century. The operative results in both of these hospitals was much better than that secured by American surgeons across the line. As Nutting and Dock say, "The spirit which carried the first members of the hospital community unflinchingly through the hardships and perils of the early years has lived on in the order—its most precious inheritance," and their hospital as a result has always been a precious refuge for the ailing poor.

Parkman, the American historian of Canada, in his work, "The Old Régime in Canada," * has a very interesting paragraph with regard to the hospital nuns of Quebec and Montreal. He says that it is difficult to conceive a self-abnegation more complete than that which they displayed in the course of their work and their devotion to the sick. He emphasizes the fact that "in the almost total absence of trained, skilled physicians, the burden of caring for the sick and wounded fell upon them." They bore up under this task with wonderful success. He adds: "Of the two communities that of Montreal was the more wretchedly destitute, while that of Quebec was exposed, perhaps, to greater dangers. Nearly every ship from France brought some form of infection and all infection found its way to the Hôtel Dieu of Quebec. The nuns died,

* Little, Brown & Co., Boston, 1927.

but they never complained. Removed from the arena of ecclesiastical strife, too busy for the morbidness of the cloister, too much absorbed in practical benevolence to become the prey of illusions, they and their sister community were models of that benign and tender charity of which the Roman Catholic Church is so rich in examples." Parkman's prejudice against the religious life needs his appreciation of the nursing sisters to redeem it.

It was with regard to the Hôtel Dieu in Montreal about the middle of the second quarter of the nineteenth century that Maria Monk's slanders were circulated. She was a young woman who said that she had been a member of the Sisterhood of the Hôtel Dieu and that fortunately she had escaped from the awful thraldom. She drew lurid pictures of the murder of children, supposedly the illegitimate infants of the Sisters, the burying alive of members of the community who were obstinate and would not submit to the demands of the clergy, and in general the diabolical conditions which existed in the great hospital. This was the sort of story that a great many thoroughly respectable Protestants in the United States believed must be true; so Maria Monk was received with open arms, was entertained at the homes of very respectable people, was given opportunities to lecture before various congregations, and her book of "disclosures" when published sold very well and was considered to be gospel truth. Even such men as Mr. Samuel Morse, the inventor of the electric telegraph, were taken in by her story and helped her to get her "revelations" before the public in order, as he hoped, to correct the awful abuses and evils which existed under the mask of caring for the ailing poor in the great Sisters' hos-

pitals in Canada. Astounding as it must ever seem he and many other intelligent, even educated, Protestants were quite sure that this was true for all the other Sisters' hospitals.

Our own hospitals in the United States were in such a state of degradation, the nurses in them were so lacking in respectability in almost every sense of the word, the conditions that existed in them were so saddening and the abuses so glaring that most of our citizens could scarcely imagine decent hospital conditions. It was very easy for them under the circumstances to believe in Maria Monk's lurid tales. After all, all those outside of the Church at that time believed that the pope was the Scarlet Woman of Babylon and the Catholic Church was Anti-christ. What else could be expected under the circumstances, except that, wherever the Church and the pope and the priests and bishops had their way, there would develop the abomination of desolation? Not alone the ignorant among the Protestant clergy but Anglican bishops, graduates of the universities of Oxford and Cambridge in England were on record with pastoral expressions to their flocks in which they proclaimed that the Roman Church must be full of abuses since it represented the Scarlet Woman of the Book of Revelations and the Anti-christ that was to come and lead even the elect away and bring about the perversion of Christ's kingdom on earth.

After a time there was an indignant protest from the Protestants of Montreal, who knew how much of good was being accomplished in the Hôtel Dieu and who were quite sure that none of the abuses so luridly depicted in Maria Monk's revelations existed. A commission was appointed in New York which went up to

visit the Hôtel Dieu and other places supposedly described by Maria Monk in her adventures. Only a little investigation was needed to show that she had never been a member of the community of the Hôtel Dieu, and that her only contact with Sisters had come from the fact that she was interned for a time in a House of Magdalens, that is, a home for fallen women, who were committed by the court in the hope to bring about their reformation. Her stories were entirely the product of her imagination. She found a lot of gullible people to drink them in, she was royally entertained, she made a great deal of money and almost needless to say she created a great deal of excitement. Not a word of her story was true. The Sisters in Montreal were perfectly willing to permit the commission to investigate everything thoroughly, and all that was found was this wonderfully well conducted hospital, so much better than any we had in the States.

The story would seem scarcely worth while repeating in connection with the history of nursing, only that it illustrates so well how different were hospital conditions in the two countries. People who knew the degraded hospitals in the United States, with their impossible nurses, would readily be willing to believe almost anything that might be told about hospitals in any other country. Besides, the story is interesting because there are still places, especially in the southern states, where Sisters and their work are quite unknown, where the story of Maria Monk still continues to circulate, and editions of her work are issued every few years because there is a demand for that sort of thing. Not infrequently Sisters have been under the heaviest kind of suspicion in certain smaller towns of the South, until their readiness to risk their lives while nursing

yellow fever patients or their willingness to close their schools and go out and nurse influenza patients, has made people realize that here indeed were devoted women, who well deserved the name of Sisters, since they were ready to do everything in the world at the risk of their own lives at times when even near relatives were ready to abandon the ailing to their fate.

The same readiness to sacrifice themselves or, at least, run the most serious risks has been illustrated in our time as well as it was during the epidemics of the nineteenth century. The story of the unselfish devotion of the Sisters in Philadelphia in 1918, who closed up their schools during the epidemic of influenza so as to be free to nurse the thousands of patients who were without help, is told in the chapter on Sisters' hospitals.

XIV

HOSPITAL DECADENCE AND THE DEGRADATION OF NURSING

THE most surprising chapter in the history of medicine is the long period of decadence which developed in hospitals in all the countries which were much influenced by the religious revolt of the sixteenth century, which used to be called the Reformation. The "reformers" suppressed the religious orders in whose charge the hospitals had been as a rule, there was no one to substitute properly for the monks and nuns; while hospitals continued to serve the poor to some advantage for a generation or two because of the momentum in charitable work which they had acquired during their flourishing period in the Middle Ages, that soon dwindled almost to nothingness and then hospitals in the English- and German-speaking countries particularly became an absolute disgrace to humanity, doing ever so much more harm than good, and finally coming, and deservedly, to be dreaded very much by the poor, who utterly refused to be treated in them, unless they were absolutely without friends and without help of any kind so that there was nowhere else to go.

Even as late as fifty years ago, as I well recall, the poor dreaded hospitals as much as, if not actually more than, they did the poorhouse. In fact none, except the poverty-stricken, would permit themselves to be taken to hospitals. If they had any relatives, no matter how

distant, it was looked upon as a disgrace if patients had to go to the hospital. They never went unless they had to. I lived as a boy in the mining regions of Pennsylvania at a time when, because of lax laws and disregard of the dangers to the workingman by grasping coal companies, there were many more accidents than there are at present, so that a great many miners were badly injured, but if they had a home they were taken to it and it was only those who had no friends and no near relatives who permitted themselves to be taken to the hospital. Even if a man boarded for some months in a boarding house, it was considered rather heartless for his boarding mistress to send him, when injured, to the hospital, and something of a disgrace for her house.

The reason for this dread of the hospitals on the part of the poor is easy to understand by anyone who knows the history of hospitals. From the middle of the seventeenth to the middle of the nineteenth century, hospitals and the nursing in them, if one would dignify the systematic neglect of the patients that characterized them by that name, continued to run down until they reached the lowest possible limit of organization of care for the ailing poor and injured, and the death-rate was so high that there was excellent reason for dreading hospitals. They were doing ever so much more harm than good.

Jacobsohn in his series of essays on the "History of the Care for the Ailing" which appeared in the German *Journal for the Care of the Ailing,** is quoted by the Nutting and Dock "History of Nursing": "It is a remarkable fact that attention to the well-being of the

* *Beiträge zur Geschichte des Krankencomforts. Deutsche Krankenpflege Zeitung,* 1898, in 4 parts.

sick, improvements in hospitals and institutions generally and to details of nursing care, had a period of complete and lasting stagnation after the middle of the seventeenth century, or from the close of the Thirty Years' War. Neither hospital officials nor attending physicians took any interest in the elevation of nursing or improving the conditions of hospitals. During the first two-thirds of the eighteenth century, nothing was done to bring either construction or nursing to a better state. Solely among the religious orders did nursing remain an interest, and some remnants of technique survive. The result was that, in this period, the general level of nursing fell far below that of earlier periods. The hospitals of cities were like prisons, with bare, undecorated walls and little dark rooms, small windows where no sun could enter, and dismal wards where fifty or more, sometimes even one hundred patients were huddled together, denied all comfort and even lacking the necessaries. In the municipal and state institutions of this period, the beautiful gardens, roomy halls, and springs of water of the old cloister hospital of the Middle Ages were not heard of, still less the comforts of their friendly interiors."

The summary of the hospital situation as it is made by our American historians of nursing so often referred to in this book is: "It is commonly agreed that the darkest known period in the history of nursing was that *from the latter part of the seventeenth up to the middle of the nineteenth century*. During this time, the condition of the nursing art, the well-being of the patient, and the status of the nurse, all sank to an indescribable level of degradation."

Ordinarily it would be presumed that the lowest period of the history of nursing must have occurred

sometime in the Middle Ages which so many people used to call the Dark Ages. The shock is to find that it came during modern history, and that indeed the hospital and nursing conditions grow progressively worse from the middle of the seventeenth to the middle of the nineteenth century, and even later in this country. It was the custom to think that the nineteenth century represented the acme of progress of every kind, but to find anything like progress in the care of the ailing we have to take the last quarter of the century.

The beginning of the decadence of hospitals and nursing came with the suppression of the religious orders and the confiscation of hospitals and their endowments at the time of the religious revolt in the early sixteenth century. The momentum that had been gathered as the result of the great hospital movement of the thirteenth century, continued to make itself felt for a century after that, and then the descent was rapid and reached a nadir of degradation extremely difficult to understand. Few realize the extent to which this government disturbance of hospitals and other refuges for the poor went at this time. In the appendix to my volume, "The Thirteenth Greatest of Centuries," I have some quotations which bring out the very sad state of affairs that developed as the result of institutions for the care of the poor having their endowments at the time of the so-called Reformation callously confiscated, the money transferred to the king's treasury or to the pockets of some of the royal favorites. This was brought about by supposed legal process in spite of the fact that these were institutions founded through the generosity of Christian charity centuries before for the benefit of the ailing poor.

Reverend Augustus Jessopp, an Anglican clergyman who continued to maintain his connection with the Anglican Church until the end of his life, tells the story of this confiscation. In his book, "Before the Great Pillage, With Other Miscellanies," * (the Great Pillage being his name for the English Reformation, so-called, as the movement took place under Henry VIII and the boy king, Edward VI) he says:

"Hospitals for the sick and needy, sometimes magnificently provided with nurses and chaplains, whose very *raison d'être* was that they were to look after and care for those who were past caring for themselves—these were stripped of all their belongings, the inmates sent out to hobble into some convenient dry ditch to lie down and die in, or to crawl into some barn or hovel, there to be tended, not without fear of consequences, by some kindly man or woman who could not bear to see a suffering fellow creature drop down and die at their own doorposts.

"We talk with a great deal of indignation of the Tweed ring. The day will come when someone will write the story of two other rings—the ring of the miscreants who robbed the monasteries in the reign of Henry the Eighth was the first; but the ring of the robbers who robbed the poor and helpless in the reign of Edward the Sixth was ten times worse than the first."

The depths to which nursing descended can be very well understood from what Dr. Stephen Smith has told us of his experience with nurses at Bellevue Hospital in the old days. By the old days is meant the years just before 1872 when the trained nurse was introduced for the first time into this country from England. The only nurses they had before that were the "ten-day

* T. Fisher Unwin, Paternoster Square, London, 1901.

women." Lest the unsophisticated might not know what a "ten-day woman" is, may I be allowed to say that in the New York of that day she was a lady who having either been drunk or disorderly or having given her neighbors too much tongue, had been hauled before the magistrate as a nuisance or a common scold and had been sentenced to the workhouse for ten days or to pay a fine of ten dollars. Not having the ten dollars, and no one being willing to lend it to her, she was committed to the workhouse which was one part of Bellevue, and then, after she had sobered up, if she had had any family training in nursing, that is, if she happened to have the ill-fortune to have lived with her husband and children in a portion of the city where there had been a good deal of illness, and such places were not hard to find, she was invited to transfer over to the hospital side of the institution and care for the ailing. It was one of these dear ladies who said to a young doctor who was trying to tell her, as she thought with entirely too meticulous particularity, how to care for little children, "Doctor, d'ye think I don't know how to care for little ones? Sure, I buried six of my own."

The conditions of the hospitals before the introduction of the trained nurse can be very well understood from some of the traditions that have come to us with regard to Bellevue in New York. In the first quarter of the nineteenth century all the water used in the hospital was obtained from a pump in the yard. The water itself was by no means safe for health, but all the rest of New York obtained its water from pumps put down in sunken wells, so that was the best that could be done. Some of the pumps in the city became famous because of special tastes which the water had.

On account of these special tastes they acquired a reputation for the making of tea or coffee or sometimes for the making of beer and vinegar. People used to go a mile or more in order to obtain the special water for their purpose that they had taken a liking to. It was eventually decided by the sanitarians that the reasons for this special taste in the waters of the different wells or pumps was the particular kind of sewage which found its way into the water.

At Bellevue, besides pumping the water, it all had to be carried up to the various floors of the hospital for drinking and cleaning purposes. No wonder that not too much of it was used for cleansing. Even when the Croton water was put in and pure water was distributed throughout New York City in the second quarter of the nineteenth century, the water was not "laid on" in the hospital, that is, not piped up to various floors; but there was a hydrant in the yard and the water was carried up. When, after the middle of the nineteenth century, the bathtub was introduced into the hospital, there was a single tub for the purpose in the cellar, meant for the use of doctors and nurses and patients. It was very little disturbed, and the line of applicants did not have to form to secure the privilege of a bath. Just before the introduction of the trained nurse there is a story about Bellevue that is very interesting and illustrates very well the actual condition of affairs in the hospital as it had developed. The wives of the attending physicians and surgeons at the hospital and some of their friends organized an auxiliary which was intended to make life a little bit more livable for the patients. The first year or two they gave the patients little presents at Christmas time and provided certain additions to their diet and special gifts of one kind or

another on other days in the year. After a time, however, one of the younger women was elected president of the auxiliary and took her duties with regard to the hospital somewhat more seriously. She wondered why the hospital could not be kept cleaner and, above all, why the beds could not be a little bit more presentable than they were, as well as made a little more comfortable. During the course of her visits, which she made from week to week, she thought she noticed that the sheets were getting grayer and grayer. Finally, one day she asked the resident physician (he happened to be Dr. Gill Wylie to whose subsequent studies of foreign hospitals we owe so much for the reform of hospitals here in America during the last quarter of the nineteenth century) whether the sheets were ever changed. He had been realizing more and more clearly as his time of service ran on the abuses in the hospital and asked if she were really interested in finding out about conditions. She replied that she was very much interested. He then took her down to the laundry in the basement where she found to her amazement that the whole laundry staff consisted of one old man past sixty-five years of age, who had been a patient in the hospital, and who, on his recovery, had been given charge of the laundry.

The lady president of the auxiliary asked why the sheets had not been changed and he said that the appropriation for soap for the hospital had run out some six weeks before, and as he had been unable to do any washing without soap, he had been unable also to supply a change of sheets for the beds as soon as all those they had on hand were used to what might be considered the saturation point as regards dirt.

Abuses of this kind were very common. Contractors

made a great deal of money on supplies that were really not furnished and the old hospitals were, as has been well said by Nutting and Dock, a veritable paradise for dishonest purveyors and employees of all kinds.

Almost needless to say Bellevue Hospital was not the worst in this regard; some idea of conditions as they existed elsewhere may be gleaned from the story of the cholera epidemic in Philadelphia in the early thirties of the nineteenth century. We have told the story of it in the chapter on Mother Seton and the Sisters of Charity. It sounds almost incredible to us that less than a hundred years ago such a condition of affairs should have existed in what was at that time still the largest city in this country. Within two hours after they were appealed to, six Sisters of Charity from Emmitsburg (there were no Sisters in Philadelphia) were on their way on horseback!—there was no railroad—to Blockley Hospital, where they knew there were hundreds of cholera patients and the nurses were all drunk.

Nutting and Dock say that the good Sisters gave Blockley its one era of peace and efficiency in two hundred years.

The municipalities themselves were not so much to blame for the conditions in the hospitals. It required an actual revolution in hospital organization before the conditions which had been going from bad to worse for some three hundred years could be improved. There were no such persons as trained nurses except among the religious orders, though wherever religious could be obtained they did a great deal to reform conditions and make the hospital a very different place from what it had been before, as is very well illus-

trated by the story I have just told in reference to the cholera epidemic.

The physicians and surgeons in the hospitals were very much to blame, and yet they too were the victims of circumstances. Certain important improvements, modern sanitation and, above all, the piping of water into buildings, for example, and new details of knowledge with regard to the origin and spread of disease had to come before hospitals could be reformed properly. Until anesthetics came in it is easy to understand that when operations were done on patients they screamed loudly, and inevitably, because of the pain inflicted upon them, and this disturbed the morale of the other patients very much. It was very hard for human nature, especially when suffering from disease, to stand anything like that. This was one source of the dread among patients and, therefore, they did not come into hospitals until they were in such a state that very little could be done for them. The mortality was very high and fifty percent of deaths during the year was not unusual.

Lister had not yet discovered the value of antisepsis and made possible the safe operations that are done at the present time. It must not be forgotten that when Lister made the first announcement of his success in abating the development of pus in wounds, a great many of the old-school physicians and surgeons absolutely refused to believe him. When Lister came from Scotland to teach at University College in London in the late seventies, he was proposed for admission to the London Surgical Society by friends, but the president of the surgical society declared that if no one else would, he himself would surely blackball him, for he could not think of having as a member of the

London Surgical Society "that charlatan, Lister." Lister's name was withdrawn, and some years later, when he was recognized as the greatest contributor to surgery in modern times, the hint was conveyed to him that they would be very pleased to have him as a member of the society. He refused to permit his name to be proposed, however. Until Listerism came in, it is easy to understand that conditions in hospitals were so bad because of the constant presence of infections of various kinds, pyemia, septicemia and erysipelas, that there could be no improvement of fundamental character in the hospitals. Pasteur's great work in the study of microbes had to become common property before there could be any fundamental improvement in hospitals. Curiously enough the great surgeons of the Middle Ages had anticipated not a little of the practical side of Pasteur's work and that made it possible for them to do good surgical work and keep their hospitals in good condition for the poor.

The condition of the hospitals before the introduction of antisepsis will be best understood from the story of the experience of the well-known German surgeon, Nussbaum. He was the surgical director of the *Algemeines Krankenhaus* at Munich, the huge city hospital with some five thousand beds. At the end of the year 1869, he announced that he would no longer operate in that hospital. He had come to realize that conditions in it rendered operations so dangerous as to be unjustifiable. No wonder he refused to operate because the preceding year the mortality among his operative patients had been 79 plus percent, that is to say four out of five of all his patients died. He was not to blame for this because the high mortality was due to the infected condition of the hospital. Erysip-

elas was practically always in the wards, and erysipelas, though now so seldom seen, was particularly fatal to surgical cases, and also to maternity cases. Erysipelas more than any other single disease brings about the development of childbed fever which carries off recent mothers so readily.

Hospital gangrene was very often present and then various other serious infections. Pyemia and septicemia were extremely common and the result was that the hospital was fairly a brood chamber for micro-organisms of every serious description. Nothing could be done, because it was not known how to do anything. Lister's discoveries were not yet generally accepted and, while microbes were beginning to be known as a result of the researches of Pasteur, not enough was known about them to make it possible to prevent the development of post-operative complications which carried off the patient. A man would come into a hospital to have a finger amputated; it would become infected and he would lose his arm. Men were brought in suffering from comparatively slight injuries, but would die in the hospital, because the mortality was about fifty percent in even the best hospitals. Amputations at the hip were followed by eighty percent mortality and at the knee by over fifty percent mortality.

No wonder that not much operating was done and that surgeons did not operate until almost desperate conditions developed. It was this state of affairs that made conditions in hospitals so bad. As we shall see in the chapter on Florence Nightingale, surgeons were so convinced that nothing could be done that it was members of the medical profession who opposed most strenuously the introduction of the trained nurse, and

refused to believe that women could be educated to be nurses in such a way as would make hospital conditions very different from what they were before. Humanity is hideboundly conservative and wants to have things go on as before, as they have been used to them.

The surgeons of the middle of the nineteenth century, as a rule, had not the faintest hint of any possibility of improving conditions in their profession. They felt they were at the highest point in surgical practice that could be reached. This fact is illustrated very well by a story that Lister told out of his own personal experience. When Lister asked Syme, whose assistant he had been for some years and who was then considered the greatest of British surgeons, for the hand of his daughter, his prospective father-in-law said to him that he thought it was too bad that Lister should be going into surgery just at that time when the outlook for any progress in surgery seemed quite dark. A man might make a good living as a surgeon but could not hope to make a great name for himself because he could only do what others had done before him, for surgery was at its apogee. The humor of the situation is that the great Scotch surgeon was making his lament of the lack of any future for surgery to the very man who was destined to revolutionize surgery more than any other man who had ever lived. As a result of his work a hundred times as many operations are done now as used to be done, and probably more than that. Lister's work was not only to revolutionize surgery but, above all, to revolutionize hospitals and nursing.

XV

THE IRISH NURSING ORDERS: THE SISTERS OF CHARITY

THE resurrection of nursing and of hospitals in the English-speaking countries began in Ireland, among the newly founded Catholic Sisterhoods. We have told the story in the chapter on "The Decadence of Hospitals" of the awful conditions which prevailed in the hospitals in America as late as during the third quarter of the nineteenth century, and those in England were even worse. Dickens' lurid description of Sairey Gamp and her unspeakable ways is commonly considered to be one of his worse caricatures, utterly exaggerated for effect. It is a literal description of the actualities of life among English nurses as the great novelist saw them around him or had seen them in his younger years. Nutting and Dock in their "History of Nursing" say, "The drunk and untrustworthy Gamp was the only professional nurse," and they add, "In England where the religious orders had been suppressed and no substitute organization provided, it might almost be said that no nursing class at all remained during this period." The nurses were merely menials of the lowest class, women almost as a rule who would not be given occupation as domestics in private homes because of their habits, very often utterly without reputation. "If I can but obtain a sober set of nurses," wrote one hospital manager in England, "it is as much as I can hope for."

It must not be forgotten that in those days whiskey was used very commonly as a medicine. All the continued fevers were treated with whiskey. This included puerperal fever, and pyemia and septicemia, which in those pre-Listerian days were very common in hospital experience. Whiskey was the favorite treatment for tuberculosis also. It served only to soothe the patient's course toward death, but there was nothing else they could think of doing, and as a result they used more than four times as much whiskey as they do in proportion in the hospitals now, though they used only one-fourth as much milk.

Hospital conditions in Ireland were, if possible, worse than they were in England. The people were very poor, wages were low, the poor lived huddled together in the most wretched slums in the world in Dublin, and while they hated to go to the hospital as much as they did to the poorhouse, there was often nothing else to do. Conditions were indescribable. Dirt and desolation were all over the place. Awful epidemics of typhus, or famine fever, occurred. The poor Irish of the city slums were always on the verge of starvation, easy marks for infections of every kind. Sometimes cholera found its way into Irish ports and spread from the coast with direst results. We had the same epidemics in the United States. Five years without an epidemic seemed a special dispensation from Providence. Typhoid fever occurred in serious epidemic form nearly every year in Irish cities and was particularly fatal among the famished people. Misery prevailed.

It was under these circumstances that, just as the agitation for Catholic emancipation in the British dominions during the first quarter of the nineteenth cen-

tury began to make itself felt in Ireland, two noble women took up the idea of organizing sisterhoods in Ireland mainly for the purposes of education for the poor, but also to visit them in their homes when they were sick. They proposed also to visit them in the hospitals and make their lot a little less miserable, until finally the idea of having Sisters' hospitals developed.

The first of these founders of religious orders for the work among the Irish people was Mother Mary Aikenhead, to whom we owe the institution of the Irish Sisters of Charity. I told her story briefly in the chapter on the Irish Sisters in my volume "The World's Debt to the Irish" and also in "These Splendid Sisters." *

As a young woman she was brought in contact with some of the poorest parts of Dublin and became intensely interested in the work of doing good to those who needed help so badly. Bishop Murray, of Dublin, met her while she was engaged in this work and realized that here indeed was a chosen soul. After a time he sent her a message that he would be glad to count her among the first Irish Sisters of Charity. Miss Aikenhead replied that if an efficient superior and two or three able Sisters undertook the work she would gladly join them. Nothing further was said and Mary kept on wondering that the efficient superior on whom so much would depend had not appeared. "At last one day to her unspeakable amazement she learned that it was she herself who was to head the undertaking. Naturally timid, extremely averse to putting herself forward in any way, and entertaining but a poor opinion of her own ability, she at first could not

* J. H. Sears & Co., New York, 1927.

believe that it had entered into anyone's head to place her in such a position; and when there could be no doubt as to the intention of Dr. Murray on this point her courage failed her and she was filled with consternation."

It took some time to calm her fears, but finally she consented on condition that she should have an opportunity to be trained in a convent before undertaking what seemed to her beyond her strength. Bishop Murray gladly consented to that and after some investigation the most suitable place for her training seemed to be the Convent of the Blessed Virgin Mary at York in England. The nuns in that institution took no vow of enclosure and made it a practice to go out to visit the poor in their homes. Their work was very like what the Irish Sisters of Charity were to undertake. The superior promised a hearty welcome to Miss Aikenhead and to her companion, Miss Alicia Walsh, who, fourteen years older, was to be trained with her. She was supposed to balance Mary Aikenhead's enthusiasm by her more quiet maturity. Miss Walsh is described as "a charming and educated lady who had a great taste for reading and loved poetry." It has been said of her that "her love of the poor was almost romantic in its tenderness and her patriotism was enthusiastic. During the rebellion of 1798 she went visiting the prisons at much personal risk to carry messages from friends or to console the inmates, who were the objects of her deepest sympathy." It is easy to understand that these two were well balanced and might well make the nucleus of an important religious community.

They went for a single year's convent training; they stayed for three years. When the Sisters returned to

Dublin there was question whether they should affiliate themselves with the French Sisters of Charity, but Mary Aikenhead decided that such an international allegiance would bring complications. They had to adopt a costume for themselves. This was 1815 and Catholic emancipation had not come as yet, so they were not publicly known as Mother Augustine and Mother Catherine, the names which they had adopted in religion, but as Mrs. Aikenhead and Mrs. Walsh.* Mrs. Aikenhead bore that name to the end of her life, though Mrs. Walsh came gradually to be known by the title, Mother Catherine. There was no warrant in law for any such religious foundation and, until the establishment of the Ursulines and the Presentation order a few years before under Nano Nagle's influence in Cork, the only religious communities in Ireland for several centuries were the Poor Clares, usually hidden away in little houses in the west of Ireland and having to move from one place to another every now and then because of government persecution.

Mother Aikenhead's little community increased slowly at first. Their motto was "the charity of Christ urgeth us." The nuns began to be seen in the lanes and back streets of Dublin, visiting the sick in their homes. They taught in the poor schools that were

*Mrs. is an abbreviation for *mistress*, which is the feminine correlative of master. It was formerly a title of address or courtesy, nearly equivalent to madam as loosely applied to any woman or girl, but now chiefly and specifically to married women. During the Elizabethan and Jacobean times and even in Queen Anne's day a woman who had mastered any art or branch of study was called a mistress, and the original meaning of the word was a woman with authority or power of control, as over a house or over other persons, a female head, chief or director. The assumption by the Sisters of this title, now reserved only for the married, was perfectly in accord with the usage of the time.

attended by many children. The number of Sisters being limited, the work was heavy and the strain great. Three nuns died soon after their profession in the second year of the community's history. This was an intense grief to Mother Aikenhead, and to her last day she could not allude to the deaths of these early members of the community without deep emotion. She had had many apprehensions as to her capacity for superiorship, but now that the work was under way her uneasiness vanished.

Fortunately she had a sense of humor. Otherwise she would never have borne up under some of the trials that came to her. Some of the early records are very interesting. Sometimes she was novice mistress in the place of Mother Catherine, she went on the sick mission abroad, whilst often hers was the hand which cooked the dinner also, and washed the stairs and corridors. The former was not indeed a heavy duty, as on two days of the week it consisted of nothing better than stirabout. An amusing incident is related of how one day, when all the Sisters were out, the Reverend Mother set herself the task of scouring the stairs. She was in the midst of her work with her long skirt pinned back, and a large check apron covering her habit, when she was interrupted by a ring at the door. Descending instantly to answer the summons, she found that a distinguished prelate desired to see the Superioress of the Sisters of Charity. She at once showed the visitor into the reception room, and retired, saying the Reverend Mother would be with him presently. In a few minutes the apron was removed, the skirt let down and Mrs. Aikenhead entered the parlor to hold high converse with his Lordship, who apparently never connected the hard-working serving Sister that had admit-

ted him with the dignified and elegant Mother Superior of the Order.

Soon other houses were founded, because there was a demand for these women who did so much good for the poor in their homes and for the children in the schools. One of the early foundations was in Cork, which was Mother Aikenhead's birthplace. Her nuns were warmly welcomed there. The people were the poorest of the poor, plague and cholera and typhus fever (known as famine fever) worked havoc among the population of Cork, but also nearly everywhere in Ireland.

Mrs. William O'Brien in her volume, "Unseen Friends," * tells the story of those early years. "Many were the duties undertaken by the Sisters of Charity; teaching poor children, visiting the sick and nursing them, while others undertook the solemn duty of visiting the prisoners in Kilmainham jail, especially those who were to be executed. It came to them especially to prepare poor condemned women to meet their fate." There were over one hundred crimes on the statute books punishable by death. Stealing a shilling was one. Women were executed in England for stealing bread to feed their starving children. Such were social conditions at that time, with utter lack of sympathy for the poor. "Sisters visited these poor unfortunates and remained with them until the last moment.

"When the cholera broke out in Ireland, the Sisters of Charity threw themselves into the work. In Dublin, Mother Catherine undertook the care of the cholera patients, with a few helpers. Every morning the Sisters went to the cholera hospital.

"Mother Catherine was in her true element all this

* Longmans, Green & Co., London, 1912.

time. She would not allow herself a moment's rest. As the hospital did not provide certain little luxuries which she considered might contribute to the comfort of the convalescents, she set out every morning with a basket under her nun's cloak laden with supplies. She also took with her large lawn handkerchiefs to wipe off the ice-cold perspiration, which exuded from the faces and limbs of the agonizing. In the evening she gathered these handkerchiefs, brought them home, washed them herself, so as to have them ready for the next day; nor would she allow anyone to do this for her or to help her; no, there was no use in offering or entreating. Mother Catherine in this would have her way. Her helpers were indefatigable and devoted. One of the Sisters took the contagion; but in a few days she was on her feet again, attending the patients. While the pestilence raged, the Sisters remained at their post.

"In Cork, the panic among the poor people was terrific. They had no confidence in the doctors, and refused to go to the hospital for cholera patients. It was only when they heard that the 'walking nuns' (that was the name some of the poor people called the Sisters of Charity) would nurse them in the hospital, that they consented to take advantage of it. The heroic devotion of the Sisters in Dublin and in Cork was a great joy and consolation to their Mother, who, in 1831, was struck down with illness, and had to retire to Sandymount, and give up all active work. She was confined to her couch for years, and suffered weary pain. Her patience and cheerfulness during those years of bodily torture were a wonderful lesson to the Sisters. She was able to work with her head, if not her body, and to direct her children. Indeed, she did per-

haps more for her congregation with her head and heart than she could have done with her hands. She devoted great attention to drawing up the rules of the Order. The constitutions, which cost so much time and thought and labor, have been the means of carrying the Sisters of Charity through their arduous work for many a generation."

After all that she had seen in the slums and the awful conditions that she had witnessed in the hospitals, the supreme wish of Mother Aikenhead's heart was to have a Catholic Sisters' hospital in Dublin. A great many of her friends, and she had a large number in Dublin, doubted the wisdom of that purpose, but she knew how much the poor dreaded hospitals as they were, and how justified they were in their repugnance in going to them by the conditions that existed in them. She knew also that Sisters could manage a hospital so as to win the hearts of the poor. In this way the ailing poor could be afforded proper treatment under such circumstances as gave them courage to get better and face life again. No one realized more thoroughly than Mother Mary Aikenhead how much a favorable, optimistic atmosphere in a hospital counts for giving patients new energy for recuperation and adding to their resistive vitality so as to prevent the worst ravages of disease.

Her friends, many of them, felt that she was rather rash in attempting to organize a hospital, but Mother Aikenhead went about the foundation as she did the foundation of her order, very prudently and after taking the best advice. As a preliminary she sent three of her Sisters to be trained in the hospital of La Pitié in Paris. There they had the old tradition of hospital training much better than at the Hôtel Dieu where,

owing to crowded conditions, it was extremely difficult to maintain such discipline, especially among the hospital help, as would permit of proper care for the ailing. After a year of special training at La Pitié, these Irish Sisters came back to have charge of the hospital wards in Dublin and to pass on the training which they had received to others. This was in the first quarter of the nineteenth century, nearly half a century before there was any thought of Florence Nightingale's organization of the training of nurses.

Friends gave Mother Aikenhead the means to buy a fine old residence on Stephen's Green and this was converted into a hospital. It is still standing and has been a favorite place of pilgrimage for physicians in visits to Dublin as the first of modern hospitals in the English-speaking countries. It is a shrine for those interested in medical history, for the good Sisters of Charity and dear Mother Aikenhead were making history. The hospital had but twelve beds but they were soon filled with female patients. The first operation in the hospital was on a poor little boy who lay in the Reverend Mother's lap while it was being performed. In spite of criticisms of the undertaking on the score that it was not work suited for nuns, patients crowded to them in such numbers that the house, we would call it a mansion, next door, had to be purchased and its spacious rooms transformed into wards. The community continued to grow and to spread and Mother Aikenhead had to share the responsibility with the mother superiors of the various houses. She used to say sometimes, "I am just like the old woman who lived in a shoe, I have so many children I don't know what to do."

Stories from those early days show how tender-

hearted she was toward the poor and toward her Sisters, when they needed her sympathy. On rainy days when any of those working in connection with any of the houses got wet,—and I need scarcely say that Ireland can be a pretty wet place at times,—she always insisted on their changing their wet clothes. If they were those who came to do work around the place, they always had to have something warm to eat. Drivers of carts who brought things to the houses had always to be properly refreshed before going away. Mother Aikenhead gave special directions in addition that their horses should be cared for. She was thoughtful for all around her.

One of the members of the order in the early days has described some details of the work of the Sisters that will provide the best idea of not only what they were trying to do, but were actually accomplishing. "When I was employed on the visitation of the poor, I took cases rather enthusiastically. On one occasion I got a call to a poor woman whom I found in a cellar not easy to reach on account of the darkness of the passage leading down to it. She was apparently in a dying state, lying on a straw pallet, with a dead child beside her, and other children playing on the flags near the bed. The poor mother was so ill and helpless she was unable to remove the dead child; nor did there appear to be anyone to look after her or the children. It was Sunday and none of the neighbors had come to the wretched abode. I was greatly struck by the state of destitution and helplessness I found the family in; and so with my companion I tried to remove the little corpse, and make the poor sufferer more comfortable by giving her some nourishment.

"All this took a considerable time, and caused me to

be beyond my appointed hour at the convent. On my return I went at once to the Reverend Mother, who was staying at that house and not at the hospital. She smiled when she noticed my distress and woe. 'Well, my heart, what has happened?' she asked. 'Oh, Mother,' I said, 'I came across such a distressing case that I could not leave without doing something for the sufferer,' and then I related to her what I had witnessed. She looked earnestly at me, and said, 'My child, what would you wish to do for them?' 'Oh, Mother, if the poor woman could be taken into St. Vincent's Hospital to save her life for her little family!' 'By all means, my child,' she said, 'go back and bring her yourself to St. Vincent's. Tell Mother Rectress it is the Sunday of the Good Samaritan, and that I send her this poor creature in commemoration of the parable of the day.' I did not lose much time in flying back to my poor woman and doing as I was desired. She was received into St. Vincent's Hospital and restored to her family. But the kind and genial manner in which the act was done was long remembered by me with gratitude."

No wonder that prominent visitors to Dublin wanted to see Mother Aikenhead. Dr. Pusey was among the visitors who paid a number of visits to her. It will be recalled that with Newman and Keble he was one of the leaders of the Oxford Movement. He expressed a wish to witness a religious profession and was much impressed by it. Doctor, afterwards Cardinal, Wiseman, who came to Dublin in 1839, had a long interview with Mother Aikenhead. Gerald Griffin, the Irish poet, playwriter and novelist, who lived for a while here in America, had a sister in the community, and he visited the hospital to meet the Superior. He wrote

a well-known poem on *The Sister of Charity*. James Clarence Mangan, the Irish poet, came as a patient and appreciated the change from his miserable garret. As he was laid in bed he exclaimed, "Oh, the luxury of clean sheets!" He was a troublesome patient but the Sisters knew how to excuse the waywardness of genius, and Mother Aikenhead herself said in extenuation, "These poor poets have nerves at every pore."

Mother Aikenhead had a saving sense of humor. She herself occupied every moment of her time. She was always doing something. She wanted people to use the talents that had been confided to them. She would repeat, "We don't want children here, we want young women who have sense and know how to use it." Those who did foolish or stupid things under the idea that they were cultivating piety she called "holy pokers." She used to say, "I don't want my nuns 'holy pokers.' "

She liked to see the young Sisters particularly busy and happy. She used to remind them often that God loves a cheerful giver, and that if they were happy they must try and make others happy too. She took an intense part in the joys and sorrows of her large family. They grew almost out of all bounds. The community was called to undertake work in Waterford, Kilkenny, Clonmel, and they organized a blind asylum in Merrion. All this was not accomplished without friction. Even Sisters are only human beings. Read St. Teresa's letters and appreciate how much of the obstinate human animal may be left in religious. St. Vincent's Hospital was the focus of opposition. The work there was very dear to Mother Aikenhead's heart. Opposition came from within. Unsubmissive spirits tried to get the younger Sisters to express dis-

sent from the work carried on at St. Vincent's. The efforts made to stir up trouble led to several members leaving the community; but they were very few in numbers, and the great mass of Sisters clung to Mother Aikenhead; their fidelity made up to her for the pain and anguish of mind she had to go through before she knew what the extent of the danger was.

In spite of all her work and trials Mother Aikenhead lived on to be seventy-one years of age. Mother Catherine Walsh, her lifelong friend and companion, lived to be nearly eighty-one, and her death was a severe trial to Mother Aikenhead. The congregation which they had founded together continued to spread until there were literally thousands of Irish Sisters of Charity doing all sorts of good work in England and Ireland, as well as in Australia. Besides St. Vincent's Hospital, Stephen's Green, Dublin, Ireland, there is St. Patrick's Hospital, Wellington Road, Cork, founded in 1870; the Children's Hospital, Upper Temple Street, Dublin, founded in 1876; St. Mary's Hospital, Cappagh, County Dublin, founded in 1908, which has a tubercular department opened in 1921; there is St. Joseph's Hospice for the dying, Hackley, London, founded in 1900, and such other charities as St. Mary Magdalen's Asylum, Donnybrook, County Dublin, founded 1833; St. Mary's Asylum for the Blind, Merrion, County Dublin, founded 1858; St. Joseph's Female Orphanage, Mt. Joy Street, Dublin, founded 1856; a convalescent home, Milden, Blackrack, County Dublin, founded 1866; the Boys' Industrial School, Kilkenny, founded 1880; St. Margaret's Home, Rockferry, Cheshire, England, founded 1890, and above all, worthy of mention, the convent at Foxford, County Mayo, founded 1891.

Into this little town of Foxford in one of the poor-

est districts of the County Mayo (God help us!) that I know so well because my own folks come from not far away, the Irish Sisters of Charity came some thirty-five years ago to teach the children, but finding larger needs they devoted themselves to the people and they have transformed the place. What the people needed, above all, was something to give them occupation. A waterfall in the River Moy provided cheap power and the Sisters actually proceeded to establish a woolen mill to furnish employment to some of the young men and a large number of the young women, and they have succeeded in making a thrifty and model little town of it. Their blankets are famous, as I have good reason to know, for we have some of them in the house, but they are only like the spirit of the place, just as perfect as they could be made. Initial capital in the form of £7,000 ($35,000) came from the Congested Districts Board, a parliamentary institution for relief in the crowded districts of Ireland. This was accompanied by an educational grant of £1,500 ($7,500) for the training of workers. The expert business knowledge was furnished by Mr. J. C. Smith, the proprietor of the Caledon Woolen Mills, who, though a Protestant, took a keen interest in this novel development of Catholic charity.

As years went by the mill extended, keeping pace in equipment. At present it employs two hundred persons. Sixty tasty cottages have been built to house those families which depend entirely on the mill. There are men's and women's clubs and a spacious hall in which the workers' orchestra and dramatic society entertain their friends. The author of the "Life of Mother Aikenhead" says: "The latest balance sheet tells us that, within the year £18,000 has been distributed in wages (some $90,000), and £14,000

($70,000) expended locally on purchases of wool. The discipline of thrift has been accepted by the workers; out of their surplus earnings they have invested in the factory a total of £14,000, on which a handsome interest is paid. Those among them of older standing and higher grade have accounts with the bank, the younger folk entrust their savings to the Post Office." This is real settlement work.

In Australia the first foundation of the Irish Sisters of Charity was made in 1857 and the same year St. Vincent's Hospital, Sydney, was founded. The Irish Sisters of Charity have a series of hospitals and schools in Australasia. St. Vincent's Hospital, Lismore, in the midst of the flourishing river districts of New South Wales, has a great future. St. Vincent's Hospital, Bathurst, founded in 1922, is in the center of a rich farming district and was entirely free from debt on the opening day. St. Vincent's Hospital, Melbourne, in Victoria, founded in 1898, has now become the general hospital of the city, in the words of the Governor-General of Australia, "a great national institution." Mt. St. Evin's Hospital was founded in 1913. St. Vincent's Hospital in Toowoomba, founded in 1922, at a cost of nearly $200,000, is intended to accommodate one hundred and twenty-five patients and is equipped to the best possible advantage. In Tasmania, St. Joseph's Orphanage, Hobart, founded in 1879, is training orphans for useful employments.

To the very ends of the world at the antipodes Mother Aikenhead's work has extended itself and young Irish women have given up everything, under the influence of her example and under her rule, for the sake of doing all that they can for others, so that life may be happier for them.

XVI

THE IRISH NURSING ORDERS: THE SISTERS OF MERCY

THE Irish Sisters of Charity were not long organized before another order, the Sisters of Mercy, came to supplement their work for the ailing poor. Their foundress was Catherine McAuley, usually known since as Mother McAuley, whose daughters in religion now have many hospitals all over the English-speaking world and particularly a number of them here in the United States. Mother McAuley and Mother Mary Aikenhead were born the same year, 1787. Like Mother Aikenhead, she was a lady of great personal attraction. She received her first lesson in charity from her father, who wanted to do everything he could for the poor, though his devotion to them was the cause of much family friction, since her mother wanted to shine in society and father's taste for association with the poor disturbed her. He died when his daughter Catherine was but seven, but the memory of his charity stayed with her all her life.

An uncle and aunt adopted Catherine and learned to love her deeply. They were Protestants, but through her influence and example became Catholics and they left her a large fortune, which made her independent and she resolved to devote herself and her money to the care of the poor. Her decision made a number of people declare that she lacked the social sense of the rest of the family and took after her

father, who did not care to associate with the best people but liked to spend his time with the lower classes. They dismissed her from further consideration with the expression that she was lacking not only in taste, but in refinement. Something like that was said to St. Brigid long ago in Ireland and to St. Elizabeth of Hungary in the thirteenth century.

She found many conditions in Dublin to improve. The children needed instruction so she gathered them for that purpose. She taught them how to do various kinds of needlework, plain and fancy knitting, and managed to sell the articles they made so that they might buy a little better clothing. She was very much interested in poor girls who worked out as domestic servants, and she tried to protect them and shelter them from the temptations that were round them. Most of this she had been trying to do before her uncle and aunt died. When wealth came she proceeded to center these works in a home so that they might be better done. Her idea was to establish a sort of society of secular ladies who, between the period of leaving school and settling in life, might without inconvenience to their families spend a few hours daily in instructing the poor or in interesting young girls in the better things of life. It was only after her house was built and it proved to have something of the appearance of a convent, and the ladies who assisted her began more than half in jest to call each other Sister, that "the foundress saw that a higher mind than hers had planned an institute different from what she had contemplated."

An institution that was to mean so much for the poor and the ailing throughout the English-speaking world thus came into existence, as it were, by acci-

dent; as if there are any accidents! In the order of Providence what seemed to be at first only the organization of a little body of teachers, who would give some leisure time to the education of the poor, turned into a world-wide institution for the solution of one of mankind's most serious social problems. This transformation into a religious community did not come without arousing some serious opposition. People said bitter things. The friends of Mother Aikenhead said that here was a jealous rival. Even her own friends turned against her. Her family resented very much that she was using the money that had been left her for the benefit of the poor instead of for social entertainment and the maintenance of what they considered her proper position in life. Miss McAuley was proclaimed not to have a proper sense of dignity and of family prestige.

Even priests and high ecclesiastics took sides against her and did not hesitate at innuendoes that it was just a case of an overweening ambition on her part to be the foundress of a religious community. Let anyone try to do something for the benefit of humanity that is a little different from what has been done before and see how much opposition will be aroused, as a rule. Some of her Protestant neighbors in Baggot Street, where the house of her little community was situated, were indignant that a work of charity should be undertaken in their respectable neighborhood.

Worst of all Most Reverend Dr. Murray, the archbishop of Dublin, who had been for years a warm friend, expressed his displeasure with her for changing her institute into a convent. She wrote that she was willing to follow whatever plan might be laid down for her. Fortunately there were not lacking good

friends to encourage her in her work. Among the staunchest of these was Daniel O'Connell. He was greatly attracted by Miss McAuley's devotion to the poor and her eminent good sense. When in 1827 she began to entertain the poor children of the neighborhood on Christmas Day, anticipating our newsboy Christmas dinners and the Salvation Army dinners of the twentieth century, O'Connell declared that he was proud to preside at the first monster dinner, and he continued to do so whenever he was in Dublin.

After a time the archbishop of Dublin realized that the finger of God was surely in the work of Miss McAuley and her companions. Accordingly he formally encouraged their organization as a religious community. It was decided that the foundress and two of her companions should make their novitiate in a Presentation Convent. The reason for this was that Nano Nagle, in founding the Presentation Order, had hoped to establish a religious community that would devote itself to the teaching of poor children and the visiting of the poor and their aid in various ways. This community had seen fit to become some fifteen years before this an inclosed order and now Miss McAuley and her Sisters proposed to carry out in fullness Nano Nagle's idea. The visitation of the sick in their homes has remained to this day one of the special works of the Sisters of Mercy. After a year and three months in the novitiate, Sister Mary Catherine as she now became, and her two companions, were professed and returned to Baggot Street where, in the meantime, her companions had been carrying on their good work according to the plans outlined by Miss McAuley before her departure. The archbishop appointed her superior, though she had hoped not to be

put in authority. She petitioned at least not to be called Reverend Mother, but she was told that "there ought to be at least one mother in every house."

The following year, January, 1832, seven of the ladies who had carried on the establishment in Mother McAuley's absence, were clothed in the habit of the institute. That habit has remained unchanged. The numbers continued to grow. After a time she obtained permission to visit the wards of several Dublin hospitals with her nuns to bring consolation to the patients. This was an innovation not looked upon at all graciously by the hospital authorities at first, but it was very greatly appreciated by the poor sufferers in the hospitals and before long by those in charge of them also. Patients became ever so much more tractable. Above all, the morale of the sick improved, and with it their resistive vitality.

Mother McAuley was very anxious that the Sisters should have a hospital of their own, but her wish was not carried out in her lifetime, though the great Mater Misericordiæ Hospital, Dublin, was founded not long after her death and literally hundreds of other hospitals since.

During an epidemic of cholera in 1833 she established herself with her Sisters in the cholera hospitals. There were wild rumors that the patients were all dying and that the doctors were not only not helping them but hastening their death. The authorities, and even the archbishop, could not reassure the people. It was only when they heard that the Sisters of Mercy were working with the doctors that their wild terror disappeared. The cholera left hundreds of widows and orphans for the Sisters to provide for.

During the early years of the foundation a great

many of the members of the community died because of the hard work and the exposure to various epidemic diseases, with regard to which, at that time, no one knew the proper precautions. No less than fifteen of the nuns lost their lives in the first six years of the existence of the community. Mother McAuley was terribly stricken by these losses for she loved all her children with a mother's love.

The order continued to grow in spite of difficulties and deaths and other convents had to be founded. The first branch was at Kingstown, near Dublin, in 1834. Then followed St. Joseph's at Tullamore in 1836. St. Joseph's, Charleville, was founded that same year, and St. Mary's of the Isle, in Cork in 1837. Foundations were made at St. Leo's in Carlow, at St. Anne's, Booterstown, and St. Mary's, Limerick. Then came the first foundation out of Ireland at Bermondsey, London, in 1839, followed by St. Mary's in Birmingham.

That same year came the news that the rules and constitutions of her order had been confirmed in Rome. This was a great favor, as the community was only ten years old, but the consolation it afforded was short-lived. At the age of fifty-four, just when her work was beginning to make itself felt widely, Mother McAuley died. Her loss was a great blow, but her associates, filled with her spirit, trained under her direction, animated by her charity, continued the work. In the late forties, Mother Warde and her companions came to America and provided much needed assistance for the Irish who had emigrated to America in such large numbers after the famine. Always following the Irish emigrants, the Sisters went to Australia. Schools were organized, hospitals were founded, novices were received, everywhere the order showed the

life it possessed and continued to grow. South America soon had its houses of the community. At the present time there are well above 20,000 Sisters of Mercy throughout the world, doing the work that Mother McAuley founded, devoting themselves to the care of the poor and the suffering in every way. It is thought that by the time her community is 100 years old in 1931 there will be over 25,000 of them.

Some of the great hospitals of this country are under their charge. It was in Mercy Hospital, Chicago, that Dr. John B. Murphy did much of his great work, which English and American authorities in surgery went so far as to declare constituted the best surgery that has been done anywhere in the world for the past 300 years. Mercy Hospital, Pittsburgh, is one of the most important hospitals of the country, and Mr. Frick, the millionaire steel magnate, felt that he had to recognize its power for good by leaving it as one of his residuary legatees. Misericordia Hospital, Philadelphia, is another of their great foundations.

These two orders which have grown so marvelously, the Irish Sisters of Charity and the Sisters of Mercy, represent the pioneers of the reaction against the awful social abuses which existed at the beginning of the nineteenth century, and which made our hospitals and other institutions for the poor such satires in humanity. The work that they accomplished revolutionized hospital organization in English-speaking countries and made it perfectly clear how much could be accomplished by very simple means, if only women with the ardent desire to do the best they could, gave themselves to the work. The awful condition of the hospitals in England seemed to present an almost insoluble problem and people gave it up. These young Irish women had

taken up the problem, not to solve the whole of it, but just to see what could be done for the little part of it that was near them, and they soon showed the world what could be accomplished.

It has been the custom to attribute the origin of this great reaction to Florence Nightingale, but the Sisters' hospitals were in existence a full generation before Miss Nightingale's work at St. Thomas Training School began. Even here in America we had a series of hospitals with the Sisters of Charity and the Sisters of Mercy as nurses in them, well before the Civil War, which represents the date of the beginning of Miss Nightingale's training of nurses.

It is easy to understand that the prominence accorded the Sisters, as the result of their work with Miss Nightingale, could not fail to arouse bitter intolerance among certain classes of the English people. After all, about the time that the Irish Sisters of Charity and of Mercy were being founded in Dublin, practically every bishop in England believed that the Catholic Church was Anti-christ and the pope was the Scarlet Woman of Babylon. Under the circumstances it is not surprising that a good deal of bigotry was manifested. People could not help it and be consistent with themselves, if they believed what their shepherds told them and were intent on preventing the reign of the devil on earth. Besides, the English hierarchy had been reëstablished, that is, the pope had appointed Catholic bishops for the English cities not long before this, and this had sharpened the bigotry of the situation. It is not surprising that some of this was felt even out in the distant Crimea, where the Sisters were devoting themselves whole-heartedly to the care of the English soldiers.

An ultra-Protestant pamphlet appeared pointing out the absurdity of "Catholic nuns transferring their allegiance from the Pope of Rome to a Protestant lady." The tidings of these rumors and circulars reached the Crimea, where they caused no end of merriment among the parties most nearly concerned. The intimate cordial relations which existed between Miss Nightingale and the Sisters may be gathered from the fact that, after hearing of this pamphlet on the pope, one of the Sisters playfully addressed Miss Nightingale as "Your Holiness," and the latter retorted by dubbing the Sister Superior a cardinal. A little later Miss Nightingale writing from the new encampment to the Sisters at Scutari said, "I want my Cardinal very much up here. The Sisters are all quite well and cheerful, thank God for it. They have made their hut look quite tidy and put up with the cold and inconveniences with the utmost self-abnegation. Everything, even the ink, freezes in our hut every night." Is it surprising that when one of the nuns had a dangerous attack of fever Miss Nightingale herself insisted on nursing her?

When in 1856 peace came, the wounded had still to be nursed, but Mother Superior with shattered health and imperative home duties in England had to return. "Work away merrily!" were her parting words to those whom she left behind at Balaklava and Scutari. Florence Nightingale wrote her a farewell letter. "You know that I shall do everything I can for the Sisters whom you have left me. I will care for them as if they were my own children. But it will not be like you. I do not presume to express praise or gratitude to you, Rev. Mother, because it would look as though I thought you had done this work, not unto God, but unto me. *You were far above me in fitness*

for the general superintendency, in worldly talent of administration, and far more in the spiritual qualifications which God values in a Superior; my being placed over you was my misfortune, not my fault. What you have done for the work no one can ever say. I do not presume to give you any other tribute but my tears. But I should be glad that the Bishop of Southwark should know, and Dr. Manning, that you were valued here as you deserve, and that the gratitude of the army is yours."

The story is told that when the Sisters landed in England, having come on a transport provided by the British government, on which during the trip through the Mediterranean the Sisters took care of many wounded and ailing soldiers, the returned soldiers insisted on the Sisters taking their place at the head of the line of march through the streets. The Sisters would have much preferred to have gone off quietly by themselves, and it was only because their yielding seemed to afford so much of real pleasure to the soldiers, to whom they were devoted, that the Sisters consented to take the place of precedence. As they marched through the streets, the very unfamiliar sight of their habit startled the onlookers who had gathered to welcome the soldiers home and there were some hisses and boos. The soldiers resented this very much because these women had so whole-heartedly sacrificed themselves for their benefit. There was an ominous rattling of rifles and protest from the soldiers, and then no more was heard of the ill-favored sounds that had greeted the Sisters.

The other Sisters remained in the Crimea until the last of the wounded could be returned to England. Then they came back to devote themselves for the rest

of their lives to the care of the ailing poor in the London slums, who were quite as much in need of their services as the poor soldiers in the Crimea had been, though so much public attention was not called to their condition. The Sisters looked for no reward but the satisfaction of work well down, not for any earthly motive but for a divine incentive. "The Sisters had from the first refused all remuneration for their services; and when, after their return to England, Lord Panmure wrote to 'express to the Sisterhood the sense entertained by Her Majesty's Government of the devotion displayed by them in attending the sick and wounded soldiers in the British hospitals in the East,' and to offer them a sum of money, the nuns generously declined it for themselves, expressing at the same time a willingness, which the government readily gratified, to distribute it among the poor and sick of their own district, preferring for themselves to be rewarded only by His grace and love, for whose sake alone they had undertaken a difficult and a noble work."

In my volume "The World's Debt to the Irish" in the chapter on "Modern Irish Missionaries of the Spirit," in which I cannot help but compare what the Irish Sisters of the early nineteenth century accomplished with what the Irish missionaries achieved in the early centuries of Christianity, I have summed up the accomplishment of these missionaries of the spirit who, organized under the inspiration of Mother Mary Aikenhead and Mother Catherine McAuley, went forth from Ireland to do the good work their hands found to do, wherever it might be, and inevitably to encounter others who flocked around them and wanted to help them in the work. Both orders have grown and are still growing. Practically all over the world

almost a thousand young women every year ask to be allowed to become members of the Sisters of Mercy in order that they may share the training given by the good Sisters, which Florence Nightingale appreciated so much and wanted to secure for herself. As a result of it they have that broadened character and sympathy that makes a life devoted to others the happiest that can be lived on earth. Cheerful and lighthearted as their foundress had suggested, they go on their way doing their work. Still they visit the houses of the poor and take care of young working women, still they visit the prisons and maintain their hospitals as well as teach the children of the poor, and in recent years when religion in education has come to be recognized as such an important desideratum, they have organized high schools and colleges for women that have done much to stem the tide of the modern paganism. Since women are so much more susceptible to irreligious teaching than men, this organization of Sisters' colleges has been extremely important and represents a wonderful new development in American education.

What their visiting of prisoners and prisons may mean is very well illustrated by a passage from Carlo de Fornaro's "A Modern Purgatory," * which is a description of his year's imprisonment on Blackwell's Island. The well known cartoonist was sentenced for criminal libel against the late President Diaz of Mexico. He refused to withdraw his expressions with regard to President Diaz, though recantation would have secured immediate release, and insisted on serving his time, pending appeal. He described the visits to the prisons of a number of clergymen and emphasizes

* Mitchell Kennerley, New York, 1917.

how little those visits meant for the prisoners. It was quite a different matter, however, with the Sisters of Mercy. They brought real consolation to the hearts of the prisoners, and meant ever so much for bringing about a change of heart in them. Fornaro said, "The Sisters of Mercy appear every month or so; they are loved and venerated by the convicts. I have noticed that, unlike the other missionaries who take care of our spiritual welfare, the Sisters never ask a convict: 'What crime did you commit?' but always: 'How long must you serve?' 'Have you mother, sister, wife or children?' 'What can we do to help them?' The Sisters never argue, discuss or theorize about religion, but they help the convicts in the only practical, useful and efficient ways; they visit and appeal to judges and district attorneys; they call on the families of the convicts and their friends; they furnish money to needy relatives and to the men themselves when they come penniless out of prison.

"The Protestant clergymen, the Catholic priests, the rabbis, the missionaries, as a rule talk only to the men of their own faith. But the Sisters of Mercy speak to everybody, no matter to what race or faith they may belong. They never inquire into a man's crimes; all they ask is to be told of his troubles and worries and to be allowed to do what they can to relieve them.

"One of the Sisters is said to be responsible for the elimination of stripes in Sing Sing."

The Sisters in their visits to the prisons on the Island were doing exactly as Mother McAuley directed her assistants, and later, her Sisters to do when she was founding her institute. Her great rule was never to ask questions. "Do things for people, and if they want

to confide in you, well and good," but she felt that it was very easy for people to be led astray out of almost idle curiosity. She expressed her creed of service in a few simple words. In writing about her for *The Trained Nurse and Hospital Review* * as one of the great predecessors of and pathfinders for Florence Nightingale, I quoted her own words on the subject of visiting hospitals and ventured to comment on them: "Great tenderness must be employed to relieve the corporal distress first, and endeavor to promote the cleanliness, ease and comfort of the patient, since we are ever most disposed to receive admonition or instruction from those who show compassion for us." The structure of that sentence is typical of the way in which Mother McAuley did her work. In the last portion of it she identifies herself with the poor by using the first person plural "we," that is, all of us "are ever most disposed to receive admonition and instruction from those who show compassion for us." She felt that a great deal of good could be done for the poor by proper advice and admonition, but appreciated very well their minimum of regard for the counsel of those who offer them a little help and a great deal of advice. When you have done people physical good, it is easy for them to believe that your advice is also meant to do them good, though without the preliminary beneficence, they may feel that advice, which is so cheap, is just an imposition.

There are over 7,500 Sisters of Mercy in the United States at the present time. Most of the hundred hospitals and sanatoria which are under the charge of the Sisters in this country are of as high an order in organization and equipment as it is possible

* New York, March, 1923.

for them to be in the environment in which they find themselves. Some of them are among our greatest hospitals. Mother Warde, trained under the eye of the foundress herself in Ireland, possessed something of her greatness of soul and her supreme devotion to the cause of the poor. She came to this country at a time when, in the midst of the Know-Nothing movement, bigotry ran high, but she was fearless and forward-looking and ready to face danger even when there was serious risk of life. It is no wonder that the Sisters of Mercy following in the footsteps of Mother Warde have accomplished so much for the country. The spirit of Mother McAuley still prevails and it is not surprising that Florence Nightingale was taken with the work accomplished by them, and the noble temper in which it was done. Her association with Mother McAuley's daughters in the Crimea, since unfortunately she had not been able to secure the training from them in their house in Dublin, which she had longed for and planned for so cordially, gave her lifelong memories of their beautiful characters and their supreme devotion to those who needed their care.

The Sisters who surrounded Mother McAuley's deathbed, aware that her end was not far off, asked her for some message of consolation which might prove an incentive for their continuance of the work to which she had introduced them on the high plane which her maternal relation to them had made possible. She said very simply, "My legacy to my daughters is charity."

Thomas à Kempis in his "Imitation of Christ" quoting and rounding out St. Paul's description of the meaning of charity said: "Charity is swift, sincere, pious, pleasant and delightsome, brave, patient, faithful, careful, long-suffering, manly, never seeking its

own good, for where a man looks for himself he falls away from charity." This was the legacy that tender-hearted Catherine McAuley, whose life had been given to the suffering poor, gave to her daughters in those simple, yet ample last words.

XVII

MOTHER SETON'S FOUNDATION

DURING the same generation as that in which the young Irish women were engaged in organizing Sisterhoods for the teaching of children and care of the ailing poor, a similar idea developed in the mind of a young woman here in America, a descendant of one of our old families, who proceeded to organize a Sisterhood which soon rivaled the Irish Sisters in the number of its members and the work that it was accomplishing. This was Mother Seton, as she has come to be known, because of her foundation of the Sisters of Charity of America, of which there are many houses and many branches here in this country at the present time, with somewhat more than ten thousand Sisters at work. Mother Seton's foundation comes in between that of Mother Mary Aikenhead and Mother McAuley in time, and it has grown in numbers and usefulness very much as theirs has. Her Sisters of Charity are now occupied with all the duties in the care of the neighbor that present themselves in our crowded cities. They care for unmarried mothers, for foundlings and orphans, they have hospitals for the sick and the injured, and also for the insane, they were the first to open a hospital in this country exclusively for consumptives and took patients at all stages of the disease, eliminating many foci of infection from crowded tenements. Besides they have homes for the old and for the incurables. For every phase of human need they have a charitable response.

The young woman who originated this great work, which now promises to go on and accomplish an immense amount of good during the next hundred years, for the American Sisters of Charity have been founded a little more than a hundred years, was a very interesting person. She was the daughter of Dr. Richard Bayley, the first man very probably to teach anatomy by regular dissections in this country. It was in connection with his teaching of anatomy that the "doctors' riot" or "doctors' mob" occurred in New York not long after the Revolution because of the opposition in the minds of people to the cutting up of human bodies. The mob attacked the dissecting room and the doctors escaped only with difficulty with their lives, finding refuge in the jail. During the course of the riot some people were killed.

Dr. Bayley was, however, as well known for his care of the ailing poor as he was for his teaching of dissection. Above all, he devoted himself to the poor Irish immigrants who came over in crowds and very often suffered from typhus fever. Dr. Bayley died as the result of typhus fever contracted from the immigrants. He had introduced his daughter to charitable work in caring for the poor, and she was very much affected by his death. She did so much in charity that she actually came to be called a sister of charity, though at the time she was an Anglican and there was no thought of any Sisterhood even in the Catholic Church in the United States at that time.

Before her father's untimely death she became the wife of William Seton, a successful young New York merchant, and they had several children, when he developed consumption. They went down to Italy in the hope of affording him relief, but he died there. An

effect of the trip to Italy was that Mrs. Seton, when brought in intimate contact with the Catholics of Italy, found the Church to be very different from what she had thought it before. She became a convert to Catholicity and then found that her New York friends fell away from her and she had to get along for herself as best she could. On her return to America, a widow with five children, life looked blank indeed. She opened a school and gradually came to the resolution to devote herself to teaching as a means of support. While engaged in that there came the thought of organizing a Sisterhood, not only for educational purposes, but also for the dispensing of charity to the poor in such a way as would be helpful, and not pauperizing.

This proved to be a very difficult task, because the Catholics of this country were comparatively few and very poor. Young women joined her and she established her motherhouse out at Emmitsburg in Maryland in the mountains not far from the college of Mt. St. Mary's, the second Catholic college established in this country. How much she had to suffer in the organization of her work and how much she and her companions had to go through of hardship in its establishment will be best realized from the fact that her first little convent (I have often seen it, for it still stands as a memorial of the early days) was a house of but four rooms to accommodate sixteen persons for all their daily round of duties. Most of them had been brought up as ladies of the better class accustomed to the niceties of life, and yet, they bravely took up their training as teachers and as nurses under these cramped conditions.

Their first hospital was opened in 1823, in the same

decade when the Sisters of Charity and the Sisters of Mercy in Ireland were getting at their work. This first hospital was known as the Baltimore Infirmary and for more than fifty years the Sisters continued to care for the patients there, and then withdrew to devote themselves to work elsewhere. Almost needless to say this first Sisters' hospital here in the east was in marked contrast to other hospitals. It was clean and neat and orderly and efficient, and gradually the prejudices of the poor against hospitals were overcome as a result of their visits to their ailing friends and relatives in the Sisters' hospital.

It is not surprising that in 1827 they were asked to take charge of the Marine Hospital in Baltimore. It would be a matter for surprise to most people that the Sisters of Charity should thus concentrate their attention on Baltimore, but at that time Baltimore contained more Catholics than any other city in the country. When Maryland was founded under Cecil Calvert, Lord Baltimore, the proprietor of the colony issued the first decree of toleration of religion that had ever been proclaimed. Maryland became a refuge for Catholics from the English-speaking countries who were suffering under the intolerance of the old laws. As a result Maryland became the center of Catholicity in this country and had the first bishop. An early Catholic college was founded out at Mt. St. Mary's, Emmitsburg, and the second convent under Mother Seton at the same place, and it was only to be expected that hospitals should be opened in Baltimore before anywhere else.

The Sisters were devoting themselves to the problem of care for the ailing poor, and so in 1828 Mullanphy Hospital, St. Louis, Mo., came under their charge.

The erection of this had been financed by a distinguished Catholic philanthropist and it was placed in charge of the Sisters of Charity. St. Louis had been under the French for a long while and had a large proportion of Catholics so that a Catholic hospital there, early in the history of our hospital movement, could well have been anticipated. Mullanphy Hospital continues to be one of the great hospitals of the country, well known outside of St. Louis.

A third hospital, known as the Maryland Hospital, came under the charge of the Sisters of Charity in 1828. Conditions there were unsatisfactory and so a dozen of years later in 1840 the Sisters withdrew and the very next day founded St. Vincent's Hospital. Out of this grew Mount Hope, the refuge for the insane under the charge of the Sisters of Charity, which was one of the earliest institutions in this country to ameliorate the conditions under which the insane were cared for. In the meantime the great charity hospital in New Orleans, another center of Catholicity in this country, was opened in 1834. All of these hospitals were established in response to an immediate appeal from the bishop in whose dioceses the hospitals were situated. The bishops, as during primitive Christian times, felt the responsibility that was placed on them for the care of the ailing poor by their offices, and they knew that this duty could be best fulfilled by summoning the Sisters as aids. It was not easy for the young community to take up all this work and they had to depend on hired help to a great extent during the early years but the superintendence of the Sisters worked wonders for the improvement of the conditions of the hospitals and for their morale.

In the meantime, within scarcely more than a decade

of the time when they began hospital work in 1823, a very rude experience in hospital superintendence, under the most difficult possible circumstances, came to the Sisters of Charity and very thoroughly proved their mettle. The disturbing feature of hospitals, especially in seaports during the first half of the nineteenth century, was the occurrence of very severe epidemics of some of the most fatal contagious diseases. Typhus or ship fever was a regular visitor to our shores every few years, and patients would often crowd our seaport hospitals to the doors with very high mortality. Yellow fever occurred frequently in Baltimore, but was not infrequently seen even as far north as Boston. Asiatic cholera came every decade at least, and sometimes at intervals of five years, to be a veritable plague that carried off from forty to fifty percent of those who were attacked by the disease. These epidemics were fearfully fatal in many instances. No wonder that people fled from them, or that city governments moved out into the suburbs and even near relatives abandoned those who were afflicted. Doctors took risks during these epidemics which show in what heroic mold they were cast. Hospital attendants did the same thing and it was considered only to be all in the day's work. These were days that tried the souls of men and women and Sisters' hospitals were likely to be crowded by such cases.

In New York, St. Vincent's Hospital was opened toward the end of the fifth decade of the nineteenth century by the Sisters of Charity, a branch of Mother Seton's foundation at Emmitsburg, though the best they could do for accommodations for patients was to convert a dwelling into hospital wards. The next year

they expanded into the next dwelling. Within five years of the time when the hospital was opened typhus fever came to New York and St. Vincent's Hospital was filled to overflowing with patients suffering from it. How the Sisters got all the patients whom they treated there into the hospital nobody knows. Where they slept themselves will always be a question. All the rooms were taken up by patients, usually two or more in a room. The Sisters secured their rest in corridors and stair angles of various kinds, as best they could. They came of a brave ancestry in the religious life and danger meant nothing to them, for in the preceding decade the Emmitsburg Sisters had faced even greater danger at Blockley Hospital in Philadelphia than that which the New York Sisters faced.

In the early thirties of the nineteenth century cholera came to Philadelphia, as it did rather frequently to most of our eastern seaboard cities in the first half of the nineteenth century, and many of the patients suffering from the disease were transferred to Blockley, the almshouse hospital of the city, at that time some miles out of town. The historians of Blockley Hospital, as well as of nursing, have given some idea of the awful abuses that existed at Blockley which for that matter was no worse than were to be found in most other hospitals in the English-speaking countries. Blockley like so many other hospitals had found it "impossible to secure suitable nurses; only the most depraved creatures could be hired. An abandoned, profligate set of nurses and attendants, rioted on the provisions and comforts left for the sick" and indulged their appetites for intoxicating liquor whenever they got the chance. As whiskey and brandy were used very

much as medicine at that time, it is easy to understand that there was a good deal of drunkenness around the wards.

In the midst of this state of affairs came the cholera epidemic to raise the confusion to a climax of disorder and disturbance. The nurses, finding this a good opportunity, all struck for higher wages. They were getting, I believe, three dollars a month, and they struck for five dollars a month but insisted on having it in advance. Their reason for wanting it in advance will readily be understood from a story told by Dr. Thomas Addis Emmet in his memoirs. He had charge of cholera barracks on Blackwell's Island in New York, left it one day with some sixty patients and a half a dozen caretakers. When he came back the next day everybody in his department was dead, not only patients but also caretakers. That was the way cholera acted at the beginning of an epidemic when it was most virulent and that was the reason why people dreaded it so much. No wonder the nurses at Blockley preferred to collect their own wages rather than perhaps have someone else collect them for them after their death.

Under the circumstances there was nothing for the Board of Guardians to do except to grant the increase in wages and give it in advance. Most of these women probably never had so large a sum as five dollars at one time in their possession before. They decided to celebrate in honor of the occasion. They sent out for whiskey, and whiskey in those days was but fifty cents a gallon. The next report that came to the Board of Guardians of the hospital was that all the nurses at Blockley were drunk. There were several hundred cholera patients, but then there were three or four

hundred old people and about as many insane, five or six hundred orphans, besides several hundred chronic hospital cases. The possibility of an epidemic of cholera sweeping through the hospital and carrying off most of the patients was alarming. The nurses were described as lying around wherever they had fallen. Some of them were in the yard, some in the corridors, some underneath the beds and some across the beds of the patients.

It was impossible to think of recruiting another full staff of nurses, and in their quandary the Board of Guardians turned to the bishop of Philadelphia, Bishop Kendrick, and asked him if there were not Sisters somewhere who could be induced to take charge at Blockley, at least until this awful emergency was over. There were no Sisters in Philadelphia at that time and the nearest Sisters were those of Mother Seton down at Emmitsburg, ninety miles away. There was no railroad and no telegraph, and so a man on horseback went down to say that if the Sisters were willing, the bishop of Philadelphia would be very glad to have them come and take care of Blockley Hospital and the cholera patients in it. The bishop insisted that the Sisters must be told exactly the state of affairs at the hospital, for he wished them to understand the awful conditions they were going to meet.

Within two hours six Sisters on horseback were on their way to Philadelphia to take charge of the hospital. They had to travel by horseback because there was no other mode of conveyance. It took them three days to make the journey for which they carried their victuals with them, discussing the situation that they were to encounter at the end of their journey, in the intervals of their religious duties. I have been told by

one who knew the last survivor of them, that one dear old Irish Sister said as a sort of grace after meat on the second day when they were approaching Philadelphia, "Well, I suppose by this time next week we'll be having supper in heaven."

Nutting and Dock in their "History of Nursing" tell the story, and their account is even worse in some ways than that which I have given, and which came to me among the traditions of Blockley, when as a medical student of the University of Pennsylvania I attended the clinic of that institution in the early nineties, within ten years of the time when the old-fashioned nurses had been replaced by the modern trained nurse. Nutting and Dock say, "They (the Sisters) took in hand the whole desperate situation, at once restored order and disseminated about them an atmosphere of tranquillity and quiet energy." The historians have suggested at the end of the preceding paragraph that the time while the Sisters were at Blockley represented the "one short interregnum of peace which broke the long and distressing reign of violence, neglect and cruelty in Blockley" for some two hundred years. At the end of some months the Sisters asked to be allowed to withdraw because they did not have enough members of their community to give themselves to the work in Philadelphia. They departed amid expressions of the highest appreciation for their services, after the house committee had pleaded with them in vain to remain in charge of the hospital.

When the influences that surrounded Mother Seton's early life in New York are recalled, it is not surprising to find that the branch of her community established in New York City decided, just as soon as they felt that they were capable of caring for it, to establish a hos-

pital in which the poor might be properly cared for.

St. Vincent's gradually developed into one of the important hospitals in New York, always abreast of progress in medicine and surgery and always noted for the neatness and cleanliness with which it was maintained. Some of the best New York surgeons and physicians have served on the staff and have made it well known throughout the medical world.

In 1879 the New York Sisters of Charity filled a sad need by organizing St. Vincent's Retreat at Harrison, New York, for the treatment of mental and nervous diseases. It was begun on a very modest scale, in accordance with the usual custom of the Sisters, and because they had not the funds available for ambitious buildings. From a small institution St. Vincent's has become one of the most successful and best known private hospitals for the treatment of nervous affections and of mental diseases. They have specialized particularly in the reception of those patients who could be benefited rather than those who require custodial care. The institution has eighty acres of natural park for outdoor exercise and recreation and like all the Sisters' projects is planning further extension.

In 1895 the Sisters of Charity founded Seton Hospital for consumptives at Spuyten Duyvil, New York. The hospital was formally opened January 1st that year. Patients in all stages of the disease were admitted and this proved a very valuable factor in the crusade against tuberculosis. Patients, who in their crowded quarters in the tenement houses, were almost inevitably foci of infection, were segregated at the Seton Hospital. At the beginning of the twentieth century the Nazareth branch was opened, meant particularly for the care of women and children. Alto-

gether they have some twenty-eight acres of ground so that there is plenty of room for the nearly 450 patients, whom they can accommodate, to find air and gentle exercise when advisable. The hospital is very beautifully situated, and while it is within the limits of New York City, indeed on Manhattan Island and very easy of access, it still has a commanding position above the Hudson River in the open country, with an unlimited supply of sunshine and fresh air.

One of the most important foundations of the Sisters of Charity in New York, who came from the Mother Seton foundation at Emmitsburg, is that of the New York Foundling Asylum. There was crying need for such an establishment because foundling children received at the almshouse or cared for at Bellevue almost invariably died. When they survived, their bringing up as a rule was not such as made good healthy citizens. Sister Irene was given a ten dollar bill and told to found a refuge for foundlings. In the course of twenty years it became one of the greatest institutions of its kind in the world, and Sister Irene, its superior, worked out a system of caring for the children by having them farmed out to wet nurses to be fed and brought up, which attracted the attention of those interested in foundlings all over the world.

The foundling children were committed to the care of nursing mothers whose infants were about the ages of the nurslings they were adopting. The mothers were expected to share their own child's natural nourishment with the stranger baby received from the hospital. Especial care was taken to prevent the communication of disease from either mother or child. There was careful inspection of all conditions. The nursing mothers were expected to bring the nurslings to

the hospital every week, as well as their own child. Unless both children flourished and grew well the arrangements were declared at an end and the foundling child was taken back to the hospital.

The sum paid for this care was not large, ten dollars per month, and yet it was enough to tempt the mothers, and the money proved often a godsend in enabling them to care better for their own children, especially the older ones in the household. When this arrangement was first made, it must not be forgotten that laborers were working for a dollar and a quarter a day and even artisans were getting but three and four dollars. An addition of ten dollars to the monthly wage meant a great deal. The inspectors sent out by the foundling home made it a rule to see that the home into which a foundling was introduced was kept clean and in good order, and this proved an excellent incentive for home improvement in a good many cases, especially when families lived in old-fashioned tenements. Foundlings kept in an institution and fed artificially nearly always died or were weakly and delicate. Only children very weak at birth, who were sadly neglected before their entrance into the foundling home, perished under this system which had been worked out by the Sisters of Charity as the result of their practical experience. Hence the attention which the foundling asylum attracted not only in this country but also abroad.

Perhaps the best illustration of how well the foundlings were cared for in this institution and how much thought and attention was given to their welfare is to be seen in the fact that it was at the New York Foundling Asylum that Dr. Joseph O'Dwyer worked out his system of intubation by which so many children suffer-

ing from laryngeal diphtheria were saved from suffocation. The diphtheritic exudate would shut up the narrow opening in the larynx of these little ones and prevent breathing, and the children died in the midst of a great deal of suffering that proved particularly disturbing to those in attendance on them. It took years for Dr. O'Dwyer to accomplish his purpose of affording them relief by means of a tube passed into the larynx. It was because so many of the foundlings used to die whenever an epidemic of diphtheria occurred, and there was one every few years, that he was led to devote so much time to the subject and finally succeeded in perfecting his great life-saving invention, which proved a positive boon to suffering humanity, not only among children, but also among adults who sometimes suffered from various affections that shut off their breathing.

The use of a tube had been tried by the Greeks and by the French, but they had failed to accomplish the purpose of affording relief. When Dr. O'Dwyer first presented his results to the Academy of Medicine of New York all the pediatrists present, even including such progressive scientific physicians as Dr. Abraham Jacobi, refused to accept his conclusions and insisted there must be some mistake. They were quite sure that Dr. O'Dwyer's enthusiasm for a subject in which he was deeply interested had led him to exaggerate the meaning of what he had accomplished, and they were definitely convinced that the human larynx was so constituted that it would never tolerate the presence of the tube through which breathing could be done. It was only as the result of years of experiment that Dr. O'Dwyer had succeeded. All those who knew that he

was working at the subject discouraged him very much, because they said that the thing was impossible.

Sister Irene had been very much interested in Dr. O'Dwyer's work and encouraged him and helped him in every way. He was an extremely sensitive man and the criticisms of his brother-physicians hurt him very much. For several days after the meeting at the Academy he kept to his home. More than any other, Sister Irene insisted that he should go on with his work and finish, for the benefit of the public, what he had already so nearly completed for the foundlings. She knew that the sad scenes, which used to be enacted at the deathbed of suffocating infants, were ever so much rarer in the foundling asylum as the result of Dr. O'Dwyer's work. After a time physicians were asked to come to the asylum and see just what O'Dwyer was accomplishing. Then at last they began to believe that he had achieved what seemed impossible, and that his invention was life-saving and, above all, prevented human suffering. It proved, after a time, even more valuable for adults than infants.

In medical emergencies the Sisters of Charity have proved very valuable auxiliaries to the health authorities for the prevention of the spread of disease. About the middle of the seventies, New York suffered from an epidemic of smallpox. In order to prevent its spread the cases were transported over to the contagious disease hospital, popularly called the pest-house, on North Brother Island. After a while it became rumored about that the patients on North Brother Island were not properly cared for and that the death-rate was very high among them. Naturally, people began to conceal cases of smallpox that occurred

in their families, and it was extremely difficult to get patients to go, or their friends to permit them to go, to the Island. As a result, smallpox was spreading and New Yorkers became very much disturbed. The Sisters of Charity were asked to take charge of the contagious-disease hospital; then confidence was at once restored, and it was comparatively easy to proceed with such steps as led to the eradication of the disease without delay. The second generation of Sisters after Mother Seton's time had been quite as ready to do heroic work in the presence of contagious disease as the first generation had done in facing the cholera in Blockley Hospital, Philadelphia, nearly fifty years before.

XVIII

FLORENCE NIGHTINGALE AND MODERN TRAINED NURSING

THE conditions of the hospitals in England just before the middle of the nineteenth century were so bad, as we have said, as to be almost unbelievable. The buildings were old, often out of repair, and they were dirty beyond description. The nurses were menials of no character, as a rule, and the one thing that was hoped for from them was that they would keep sober. Very often they did not. Conditions in the hospitals were not such as to encourage sobriety; whiskey was used for a remedy in practically all the continued fevers and in exhausted states, so that it was rather easy for the nurses to secure it and they generally indulged their taste to their heart's content. It is very surprising in our day to read the old textbooks of medicine and the medical articles that were contributed to the various journals and note how much dependence was placed on whiskey by physicians. Women suffering from childbed fever and other infected states sometimes got as much as a quart of whiskey a day. Tuberculosis patients were kept in an almost constant state of good feeling by the whiskey that was administered to them. Almost needless to say this did harm to the patients rather than good, but it is easy to understand the opportunities for tippling that it afforded the nurses.

The chaplains were so little interested in their duties

and were so busy about other things, that they did not even conduct services in the hospital, and the prayers of the patients were directed by the nurses. Chaplains' duties were not taken very seriously, for the reaction in connection with the Oxford Movement had not yet made itself felt widely in the Anglican Church. Nurses whose bibulous habits were a matter of common knowledge did not prove impressive to patients as leaders in prayer. It is easy to understand that the patients derived little or no consolation from religion. The matron was expected to oversee the nurses and a report was made to the chaplain as to how religious instructions were carried out. The doctors had supreme contempt for the nurses. They were scarcely expected to be respectable. The younger ones among them, especially if at all attractive, were seduced, and temptations of all kinds, liquor, graft, sex, were associated with their lives. They were unsuited to their responsibilities, which was not their fault, but the fault of hospital conditions which the community permitted, and to which respectable people paid no attention. The surprise is to find that when nursing reform was proposed a great many respectable people opposed it rather strenuously and insisted that the hospitals, such as they were, and the nursing, such as it was, were quite good enough for the poor.

There was no such thing as friendly visiting of the hospitals in England by women of the better classes. Only paid officials had anything to do with them. Whenever this is true, hospitals invariably deteriorate. Indeed the principal reason for the decadence of hospitals was the fact that women of the better class refused to have anything to do with them. Luther in some of his letters from Rome describes how edifying

it was to see the Roman ladies visiting the hospitals regularly and doing many things for the patients. Some of the nobility gave one afternoon a week at least to hospital work. Young Jesuits, a generation after Luther's time, were expected to spend a month in the hospitals during their novitiate, doing everything that was necessary for the patients. When this relation between the better classes and the hospitals ceased, degradation was inevitable.

The hospitals had been running down for two hundred years and more since the beginning of the seventeenth century when the suppression of the religious orders made itself felt so seriously in all that related to charity and the care of the poor. They were going from bad to worse, all during the first half of the nineteenth century. They had reached nearly the limit of inefficiency just before the Crimean War. Physicians could do little because reform would have required rebuilding of the old buildings and a complete cleaning up of the hospital situation as well as a thoroughgoing modification of conditions, with the substitution for the make-shift nurses of respectable, intelligent women on whom dependence could be placed. This last factor seemed hopeless of attainment because, as a rule, the women who took up nursing did so as a last resort, after they had failed in everything else that they tried. They were supposed to have lost any reputation they may ever have had and to be on the downward path.

Respectable women, except an occasional one like Mrs. Fry, avoided every possible contact with hospitals and other public institutions where there seemed no hope of reform. This dark picture of nursing conditions may seem incredible and exaggerated but for

those who know the actual history of nursing at that time it will seem to be a simple, rather mild statement of actuality. Sairey Gamp of Dickens' "Martin Chuzzlewit" is not a caricature hopelessly exaggerated in Dickens' worst vein, but a bit of almost photographic realism.

Hospital conditions had reached such a pass of utter degradation that apparently they could not go any lower, and the next change had to be one of improvement. Fortunately, toward the end of the first half of the nineteenth century, a young English woman was raised up who resolved that she would devote herself to improving the condition of the poor in the hospitals. For this she planned the reform of the nurses and her success in that brought about the reform of the hospitals. This was Florence Nightingale, who owed her first name to the fact that she was born in Florence, Italy, in 1820. She had a life that was full of activity and real accomplishment during its first half, and then was an invalid for many years, but she did not die until she was ninety years of age in 1910. She was one of the individuals whose intensity of intellectual work and capacity is only an index of an intensity of life in the physical order which, barring accident, gives them long life.

Florence Nightingale came of a well-to-do English family and her father was deeply intent on providing a liberal education for his daughter. Those of us who recall the story of what a tempest in a teapot was aroused when Mary Lyon proposed during Florence Nightingale's girlhood to establish a seminary for young women at Mount Holyoke, though that was really scarcely more than a high school, cannot fail to be surprised that Florence Nightingale's father a dozen

years before this had begun to teach his daughter Latin and Greek as well as mathematics and natural science.

A great many people, and especially the women folk, in New England were convinced that Mary Lyon's seminary would bring about nothing less than the upsetting of the minds of a great many of the young women, who would thus be subjected to the devastating, as it seemed to them, effects of a regular course of education. Florence Nightingale's father without any such dread in his heart, taught not only the ancient languages as well as the other branches of college education, but gave her a good foundation in French, Italian and German, and added a thorough course in modern as well as ancient literature. There is abundant evidence that Florence Nightingale was eminently receptive for these studies because she demonstrated her grasp of them later in life. Even when she was comparatively young she could maintain her part in conversation with those who were recognized authorities on various subjects usually supposed to be quite beyond the scope of young women.

It might possibly be expected that under the circumstances and because of the attention which her unusual attainments attracted, Florence Nightingale would almost inevitably become an insufferable prig. On the contrary, instead of being self-absorbed, she soon began to occupy herself with the thought of devoting her life to the care of others, and especially those who were in suffering. Indeed as we shall see, her tendencies in this direction soon disturbed her mother and sister. She visited the hospitals and found the dreadful conditions which existed in them. Her feelings for others prompted her to set about hospital reform. She was eminently practical in this however, as in every-

thing else through life, and realized clearly how little she knew about hospitals and still less about the proper care of patients.

She decided to broaden her education in that direction. As the hospitals at home in England could not help her, she looked abroad. She heard of a deaconess' home which had come into existence not long before at Kaiserswerth in Germany where special attention was devoted to the training of women for the care of the ailing, and especially the ailing poor. She went to Kaiserswerth when she was in her late twenties and stayed there for three months' training and subsequently spent some further weeks there, until she felt that she had derived all the benefit she could expect from that experience. She said of it years afterwards, "Never have I met with a higher tone nor a purer devotion than there. There was no neglect. This was the more remarkable because many of the deaconesses had been only peasants; none was a gentlewoman while I was there. The food was poor, no luxury but cleanliness." That, however, Florence Nightingale thought was quite enough to justify the reëstablishment of the deaconesses, for they promised to fill a long-felt want.

The year after her German experience Florence Nightingale spent a corresponding interval with the Sisters of St. Vincent de Paul in Paris. They would be what we know as the Sisters of Charity. In Paris Miss Nightingale was particularly pleased with the hospital organization and the admirable administration of the institution under the management of the Sisters. This experience helped to fit her very definitely for her Crimean work more than any other that she had. French surgeons were at that time considered the best in the world. Miss Nightingale secured the

practical introduction to expert hospital management which helped her in the Crimea from the good Sisters in Paris. It must not be forgotten that, when the English care of the wounded in the Crimea broke down so sadly, that of the French under the Sisters of Charity was the model to which English correspondents of the London newspapers constantly referred in their despatches.

Miss Nightingale's family was not at all pleased with her efforts to secure special training in nursing. They found it difficult to understand why any young woman of respectability—and that was the shibboleth of that early Victorian period—should want to devote herself to an occupation of this kind. They were more than a little bit inclined to think that her tendency to associate with the poor and the ailing was due to the fact that she lacked a proper appreciation of social standing and of social usages. Only an in-born lack of good breeding or at least of proper taste could possibly account, it seemed to them, for her otherwise incomprehensible desire to devote herself to the care of the sick and the poor, an occupation the very thought of which was inclined to produce nausea in a great many respectable persons.

Many a young woman before Florence Nightingale had encountered this same opposition. Indeed it was almost at the same time only across the Irish Sea that Mother McAuley, who founded the Irish Sisters of Mercy, had encountered exactly the same objection and opposition from her family. Almost needless to say, such misunderstanding on the part of her nearest relatives was not easy to bear. It is very interesting to note how constantly it recurs in history. There is a trace of it in the life of St. Bridget in Ireland, of St.

Elizabeth of Hungary, of St. Catherine of Siena, and also of ever so many others who might be mentioned.

After her experience in visiting the Sisters of Charity in Paris, Florence Nightingale had an opportunity to learn at first hand of the work that was being accomplished among the ailing poor in Ireland by the Sisters of Charity and of Mercy. In 1852 she got into communication with Reverend Dr. Manning, as he then was, a recent convert to the Catholic Church, who was afterwards to be Archbishop of London and then Cardinal. She felt that he would have influence enough to secure for her the opportunity to be trained in one of the houses of the Sisters in Ireland. Her letters to Cardinal Manning were published in the *Dublin Review* in 1919. Miss Nightingale did not want to go as a visitor, nor as a postulant or novice. She wished ardently to receive the actual training of the Sisters. She fondly imagined that it would be possible for her to wear the habit of the Sisterhood for three or four months and to all appearances be a Sister, a regular member of the community, though all the while remaining a Protestant, with only the Mother Superior and the chaplain in the secret. Of course, the fulfillment of any such idea was entirely out of the question. Her letters have served to show however how much she appreciated the excellent training afforded the Sisters and how much benefit she felt she would derive from the discipline that they alone could give her.

In June, 1852, she wrote to Father Manning: "For what training is there compared with that of a Catholic nun? Those ladies who are not Sisters have not the chastened temper, the Christian grace, the accomplished loveliness and energy of the regular nun. I

have seen something of different kinds of nuns and am no longer young, and do not speak from enthusiasm but from experience. There is nothing like the training (in these days) which the Sacred Heart or the Order of St. Vincent gives to women." She evidently anticipated some opposition from her folks at home and confessed quite frankly that she had not ventured to broach the subject to them. "I have not my people's consent for this and I do not think I should go without it. I was in disgrace with them for a twelvemonth for going to Kaiserswerth." Her experience there, she knew, was so valuable that it was worth even the family friction that it brought with it. Though she mentions that her sister was out of humor with her for over a year because of it, she was evidently ready to incur a similar displeasure, if only it would serve to help her further, as she knew it would, in the preparation for what she now felt was her life work.

In seeking definite preparations and training for her life work—the care of the sick and the needy—Miss Nightingale not only heard of, but manifestly had seen, some of the good work done by both the Sisters of Mercy and the Sisters of Charity in Dublin. She mixes them up somewhat and in one of her earlier letters to Father Manning urged him to find out "whether they would take me in the hospital of St. (*sic*) Stephen's on the Green of Dublin (which is served by the Sisters of Mercy) for three months *as I am.*" Sometime afterwards she wrote, "I really don't know what I am going to do, but if I do not see you again, St. Vincent's Hospital, St. Stephen's Green, is the place for me." As has been noted in the chapter on the Irish Sisters as the reformers of nursing, St. Vincent's Hospital, Stephen's Green, Dublin, is Mother

Aikenhead's foundation and is under the Sisters of Charity.

It is not surprising that under the circumstances the Reverend Dr. Manning could not secure for Florence Nightingale the privileges that she asked. He kept her in mind, however, and realized how much of good there was in this purpose of hers to devote herself to the care of the suffering poor. He kept in touch with her with regard to a London girl of the streets over whom Miss Nightingale had acquired deep influence for good. When the awful breakdown in the care for the wounded soldiers in the Crimea occurred—when hundreds of soldiers were left for more than a week in their clothes, without anyone to tend them except some brother wounded soldiers, who gave them an occasional drink while they lay festering in their wounds and their excretions, and at last the story of the unspeakable conditions leaked out in England to give the nation a thrill of horror—Doctor Manning was reminded of her. Accordingly he wrote to Mary Stanley, the sister of the well known Anglican Dean of St. Paul's, London, Arthur Penrhyn Stanley. She had recently become a convert to Catholicity, largely through Manning's influence. "Why will not Florence Nightingale give herself to the great work?" [of the Crimea]. Mary Stanley and Florence Nightingale were very dear and close friends. It was probably due to communications that passed between them that Florence Nightingale wrote the letter to Sidney Herbert, who was in charge of the provision in England for the wounded and ailing soldiers of the Crimea, offering to do anything that she possibly could for the soldiers.

This letter of hers crossed one coming from Mr.

Herbert who had been aware of Florence Nightingale's experiences with the deaconesses at Kaiserswerth and of her stay with the Sisters of St. Vincent de Paul. He had learned also of her application of the knowledge of institutional administration and hospital management which had enabled her to bring about the reform in the Harley Street Home for Sick Governesses. This, above all, led Sidney Herbert to turn to her. What she had done in the Harley Street Home had attracted deep and wide attention because it made very clear the possibility of reform, even where conditions had become seriously decadent.

Herbert accepted her offer and Florence Nightingale began her arrangements to go out to the Crimea. Conditions out there were so bad as to be almost incredible. Russell, the special correspondent of the *London Times,* finally succeeded in getting letters through to his journal and they were printed. He told that there was not even linen to make bandages for the wounded and, though the troops had been six months in the country, there was no preparation for the most ordinary surgical operation. Even the commonest appliances of the sick wards of a British workhouse were wanting. He added that "Numbers arrived at Scutari (the base hospital) without having been touched by a surgeon since they fell pierced by Russian bullets on the slopes of Alma." This would be from five to ten days of utter neglect.

The *Times* correspondent spared no details in order to arouse the people of England to recognize the awfulness of the conditions that existed and that pleaded so poignantly for immediate reform. "The worst cases were placed on the upper deck which in a day or two became a mass of putridity. The neglected gun-

shot wounds bred maggots which crawled in every direction, infecting the food of the unhappy beings on board. The putrid animal matter caused such a stench that the officers and crew were nearly overcome and the captain is now ill from the effect of the five days of misery. . . . There are no dressers or nursers."

In order to emphasize the sad condition of the English wounded and sick soldiers, the *Times* correspondent contrasted them with those of the French. He said that the French medical arrangements were extremely good. Above all, the French ailing and wounded soldiers had been and were being cared for gently and efficiently by the French Sisters of Charity. He added that these Sister-nurses "have accompanied the expedition in incredible numbers." On the other hand the English had no one to help them. The men must attend to each other or receive no relief at all.

The correspondent of the *Times* passionately bewailing the conditions which were carrying off needlessly so many of England's brave soldiers pleaded for help from the women of England. He said:

"Are there no devoted women among us able and willing to go forth and minister to the sick and suffering soldiers of the East in the hospitals at Scutari? Are none of the daughters of England, at this extreme hour of need, ready for such a work of mercy? France has sent forth her Sisters of Mercy unsparingly, and they are even now by the bedsides of the wounded and the dying, giving what woman's hand alone can give of comfort and relief in such awful scenes of suffering. Our soldiers have fought beside the troops of France, certainly with no inferior courage and devotedness, in one of the most sanguinary and terrific battles ever recorded. Must we fall so far be-

low the French in self-sacrifice and devotedness in a work which Christ so signally blesses as done unto himself—'I was sick, and ye visited Me'?"

One week after the time when Florence Nightingale accepted the request of Sidney Herbert of the War Office, she was ready to start. She had gathered a group of nurses to go with her. At twenty-four hours' notice, five Sisters of Mercy of Mother McAuley's foundation offered themselves and five of the Irish Sisters of Charity. Eight Sisters of Mercy of the Church of England of two different houses and some twenty other nurses constituting a group of thirty-eight altogether went out to the Crimea.

When Miss Nightingale made her first visit to the general hospital at Scutari and presented her letter from Mr. Herbert to the superior medical officer, he took her around some of the wards and to her repeated offers of assistance in any way in which it could be given, there was the invariable answer, "We have everything that we need, nothing is lacking." As she says herself she was not for a moment taken in by this complacency. Her previous experience, especially with the Sisters of Charity in Paris, made her understand that these vast military hospitals in the Crimea were absolutely without the commonest provision for the exigencies they had to meet. Medical officers, and such attendants as there were, labored as Miss Nightingale could see for herself with almost frenzied energy. All their labor could effect was by various temporary expedients to accomplish things wholly inadequate to what was really required.

There was an abundance of hospital supplies, but they were scattered here and there, and no one knew quite where to find them. Some of them were buried

under munitions and could not be reached; some of them had been sent to wrong destinations. None of them was to be had where wanted in anything like the quantity needed. Miss Nightingale's first effort, and it reveals the very practical character of the woman, was to fit up a kitchen for the special diet of the sick and wounded. Her next work—a similar revelation—was to fit up a laundry in a private house which she rented for the purpose. These projects seem scarcely like nursing at all and yet it is easy to understand how important they were. Liberal provision of funds for her personal use for any purpose that she had in view had been made for her before she left England. She used them with excellent effect. After a while, by cutting through much red tape and using the plenary authority that had been granted her, she succeeded in making available the stores sent out months before.

The War Office supported her every move, and she succeeded in cutting through the military red tape and neutralizing the unfortunate official jealousies that existed. Finally she succeeded in getting at the truth of things as they actually were. She was very quiet in demeanor and always had an air of placidity that might make one think that she lacked force of character, but medical officers, who were tempted to take any advantage of her supposed ignorance of military matters, and especially those whose neglect had caused the awful condition of affairs that existed in the Crimea, soon learned that beneath that quiet placid appearance there was a firm determination that brooked no interference with the hospital reforms which she had been commissioned to make and granted full powers to institute. Her experience in Paris had made her thoroughly capable of being present at severe oper-

ations without a qualm, and her spirit of self-sacrifice made her utterly unafraid of contagion. Cholera developed in the hospital wards and typhus fever crept in, in spite of every effort of prevention, but Miss Nightingale did not hesitate a moment to spend hours and days after each other taking care of these extremely contagious cases. She asked no one to do what she did not do herself, but she had the utmost contempt for cowards and slackers who, at times of this kind, thought only of themselves.

The *London Times* sent out a special commissioner so as to assure the English people that the exact condition of affairs would be known and that the effect of Miss Nightingale's presence might be properly appreciated. This commissioner, after months of personal experience in the hospitals, said of Miss Nightingale:

"Wherever there is disease in its most dangerous form, and the hand of the spoiler distressingly nigh, there is that incomparable woman sure to be seen; her benignant presence is an influence for good comfort, even among the struggles of expiring nature. She is a 'ministering angel,' without any exaggeration, in these hospitals, and as her slender form glides quietly along each corridor every poor fellow's face softens with gratitude at the sight of her. When all the medical officers have retired for the night, and silence and darkness have settled down upon those miles of prostrate sick, she may be observed alone, with a little lamp in her hand, making her solitary rounds. The popular instinct was not mistaken, which, when she had set out from England on her mission of mercy, hailed her as a heroine; I trust she may not earn her title to a higher though sadder appellation. No one who

has observed her fragile figure and delicate health can avoid misgivings lest these should fail. With the heart of a true woman, and the manners of a lady, accomplished and refined beyond most of her sex, she combines a surprising calmness of judgment and promptitude and decision of character."

Miss Nightingale's lamp became famous throughout the world. One of the wounded soldiers wrote home telling how much consolation her night visits with her lamp meant for the soldiers, who felt that they were being watched over almost with a tenderness that their mother had exhibited for them when, before going to bed herself, she would go into the nursery to see whether her little ones needed anything or required to be covered or to be composed to rest in any way. Our own American poet, Longfellow, immortalized the expression by his poem on the subject, and the statue of Miss Nightingale at St. Thomas' Hospital in London represents in imperishable marble the lady with the lamp. Some of the stanzas of Longfellow's poem * are as follows:

Lo! in that house of misery
A lady with a lamp I see
  Pass through the glimmering gloom,
  And flit from room to room.

And slow, as in a dream of bliss,
The speechless sufferer turns to kiss
  Her shadow, as it falls
  Upon the darkening walls.

* Longfellow called his poem "Santa Filomena" (which is the reason why many a seeker after the Nightingale poem finds it only with difficulty) because there was an Italian saint of that name to whom a chapel had been dedicated at Pisa, who had been famous for her care for the sick and the maimed while she was on earth, and who was considered to be still interested in them even after her transmigration to heaven. Her symbols are the lily, the palm and the javelin which Longfellow mentions in the last stanza of the poem.

As if a door in heaven should be
Opened and then closed suddenly,
The vision came and went,
The light shone and was spent.

On England's annals, through the long
Hereafter of her speech and song,
That light its rays shall cast
From the portals of the past.

A Lady with a Lamp shall stand
In the great history of the land,
A noble type of good,
Heroic womanhood.

After her return from the Crimea it was proposed to present a testimonial of some kind to Miss Nightingale and it was felt that the best form that this could take would be the foundation of a school for nurses. Surprising though it may seem, rather serious opposition to this scheme was aroused, above all among society folks. Prominent ladies put themselves on record with such expressions as that the nurses they had in hospitals were quite good enough for the poor whom they had to nurse. One of them went so far as to say that "the nurses are very good, though perhaps they do drink a little." She was even inclined to say that she could scarcely blame them for drinking, since they had to sit up all night and it must be tiresome and they needed some consolation. The other source of opposition was the physicians who felt that the training of the nurses ought to be entirely in their hands and who were very much afraid that if nurses were trained to take care of the sick, they would almost surely want to practise as physicians or as healers of some kind, and as a result of that there would be a great addition to the number of quacks and charlatans.

Less than five percent of the physicians and surgeons of the London hospitals gave their support to the scheme of a training school for nurses. They were satisfied with things as they were. Human nature is often that way.

In spite of opposition however, it was decided to establish what was called the Nightingale School for Nurses at St. Thomas' Hospital in London. The graduates of the Nightingale School were encouraged to become superintendents of nurses and occupy other official positions in connection with hospitals that would enable them to spread the reform of nursing. One after another the great hospitals of England and Ireland and Australia and the hospitals here in America secured a superintendent of nursing from among the graduates of the Nightingale School, and the new system of nursing was introduced into them. The Royal Infirmary at Liverpool and then the Royal Infirmary at Edinburgh, followed by Sir Patrick Dun's Hospital in Dublin, joined the new nursing movement. Then it spread to the colonies and the Infirmary in Sidney, Australia; and the General Hospital in Montreal asked for and obtained a Nightingale nurse to direct the organization of their nurses according to the new method. The Empress Victoria of Germany, wife of Emperor Frederick the Good, the mother of the last of the Kaisers, herself a daughter of Queen Victoria, sent a young German woman to St. Thomas' to be trained, and then helped her to found and develop the Victoria House, which became the great training school for nurses in Berlin.

Bellevue Hospital in New York asked for and obtained three Nightingale nurses in 1872. At first, as we have said elsewhere, they nursed only the female

patients, and the hospital staff thought they should not be asked to do anything for the males because they were such forbidding characters; but the nurses settled that problem by asking to be assigned to duty among the males as well as the females. When the trained nurses first came to Bellevue they lived in a small house outside the hospital grounds, and on several occasions, while going to and from their quarters, they were met with a volley of stones from the older and old-fashioned nurses who felt that they were being displaced. There was a feeling among the working classes in the city that the new nurses must be considered as English scabs who were taking the places of good American working women. But they soon won the affection of patients because of their faithfulness and efficiency.

Miss Alice Fisher, another Nightingale nurse, was given charge of Blockley in Philadelphia with the commission to reform it. Almost needless to say she had an immense job on her hands but she succeeded very admirably. Those of us who, as students at the University of Pennsylvania in the early nineties when Miss Fisher had not been quite ten years at Blockley, recall very well her efficiency and the thorough control that she had obtained over the immense hospital with all its varied departments and how much of good her presence had brought to the patients. She did not come to Blockley until 1884, and up to that time, though there were frequent clinics for the medical students of the city at Blockley, physicians and surgeons had been satisfied with conditions as they were, or perhaps we should say that they had to be satisfied and rather felt that nothing could be done to improve conditions. It took ten years after the success of the

Bellevue experiment with Nightingale nurses before the Philadelphians woke up to the needs of their great almshouse hospital in the matter of nursing and realized that there was a solution of their problems at hand.

The Nightingale nurses represent the pioneers in the organization of trained nursing, which now has come to occupy the whole field of medicine and surgery in this country and is gradually spreading on the continent of Europe, though even yet there are many large hospitals on the continent in which the condition of nursing as a profession is a disgrace, and in which hospital nurses are comparatively rarely above the menial class. The development of modern surgery, however, has made it absolutely necessary that nurses should be trained, educated women, so as to be able to be proper auxiliaries for the surgeons. More and more physicians in recent years demand corresponding training for medical nurses so as to assure the skilled giving of the various modes of treatment to their patients, which they expect the nurses to be able to administer properly.

Miss Nightingale broke down in health nervously, not long after the Crimean War, and continued to be an invalid for most of the remainder of her life. For many years she hardly left her home. In spite of this invalidism she lived to be some ninety years of age, dying in 1910. She was consulted by nearly everyone in the English-speaking world who wanted to do anything for the improvement of nursing conditions. She took a great deal of interest in the organization of children's hospitals. She continued her interest in the Nightingale nurses and wrote some excellent advice for them. Some of her aphorisms on nursing deserve to

be in the notebook of every nurse. For instance she said, "The nurses must not look upon patients as made for nurses, but upon the nurses as made for patients." She insisted that nursing must be made a profession and not a calling. She said that one of the greatest dangers was that nursing might become a mere money-getting profession, and added, "Yet man does not live by bread alone, still less woman." She emphasized the fact that there must always be progress or there will surely be decadence: "No system can endure that does not march."

No one knew better than Miss Nightingale that great improvements must come. She did not hesitate to say, "We are only on the threshold of nursing." She did not think that the professional nurse would supply for all the needs of humanity, and added, "May we hope that the day will come when every mother will become a health nurse, when every poor sick person will have the opportunity of a share in a district sick nurse at home." She was deeply religious and said, "Go your way straight to God's work in simplicity and singleness of heart." She used to say, "The kingdom of heaven is within, but no one labored like Christ to make it without." She was emphatic in her declaration that religion did not consist in belief or faith alone but must manifest itself in good works. Religion was for her the observation of the second commandment, "Thou shalt love thy neighbor as thyself" as well as the first, "Thou shalt love the Lord thy God." The essence of religion was, "Disregard of self, useful care for others, efficient service of God and our brethren."

She bewailed the fact that women in her time were divided into two classes, those who prated about the

rights of women and those who believed that women should be recalled to a sense of their duty as women. She said, "Surely you want to do the thing that is good whether it is 'suitable for a woman' or not." She was an advocate of woman's suffrage, but mainly because it would give women a better opportunity to develop their usefulness and impress their characters upon the community.

Her advice on any subject that she was willing to take under consideration was always straightforward, practical, common-sensible and helpful. Not long after the Crimean War her attention was called to the high mortality among the English regiments in India in times of peace. When Miss Nightingale was asked about the problem, she requested that the reports with regard to the life of the men should be sent to her and, after going over them, she replied, "The men are simply treated like Strasburg geese" (as if they were being fattened for the market with the special idea of giving them fatty livers). "They eat, sleep, frizzle in the sun, and eat and sleep again. Treat them reasonably and they will be well." She wrote some valuable advice for the English men and women whom the Civil Service was taking out to India on "How to Live, and Not to Die, in India."

She loved flowers and said that she thought they were a wonderful adjuvant in hospital work. She said, "I shall never forget the rapture of fever patients over a bunch of bright colored flowers." She had had an extremely severe attack of typhus fever in the Crimea from which she barely recovered. She said: "I remember in my own case a nosegay of wild flowers being sent to me and from that moment recovery became more rapid."

An idea of her very practical quality of mind is secured from one of her remarks on the necessity for providing playgrounds in children's hospitals. She said, "A large garden ground laid out in swards and grass hillocks and such ways as children like must be provided. Be sure, however, not to make it too pretty, or the children will be scolded for spoiling it." She wanted to emphasize the fact that the garden was for the children and not an adornment for the hospital that must be kept in as good condition as possible.

She was toward the end of her life the most revered woman of England, and while she avoided anything like adulation and refused to receive visitors unless for very special reasons, she was thought of as a great living benefactor, not only of her own generation, but of the generations to come. Dr. Abraham Jacobi, that wise old Hebrew of New York, who knew the ways of men so well, said of her once, "She has proved how to become immortal without enjoying high office, or playing on a cannon, or tyrannizing nations, or being born on a throne." Undoubtedly she will always be considered one of the greatest women of the nineteenth century whose influence in the transition period meant ever so much for both men and women.

XIX

SISTERS' HOSPITALS IN THE UNITED STATES

WHEN Virchow, the great German pathologist, was given charge of the reconstruction of the hospital system of Berlin at the end of the nineteenth century he devoted a great deal of attention to the question of the reorganization of nursing for these German hospitals. Virchow was much more than merely a pathologist. At his death it was said that Germany lost four men, because, besides being a pathologist, he was an anthropologist, a sanitarian and a deep student of social problems. His opinion, therefore, with regard to the nursing system that would be of greatest service and afford most satisfaction in such modern hospitals as they were planning for Berlin, many of which he lived to see constructed, should be extremely valuable for others. A reformation of the nursing system in the hospitals in Germany was sadly needed. Virchow discussed just what should be done, and called attention particularly to the fact that nurses who belonged to religious orders gave ever so much more satisfaction, as a rule, than those who were intent mainly on their own personal advancement, and who were preoccupied with plans for their own careers rather than for the pursuit of the vocation in which they found themselves, while connected with the hospital. In his *Essays* the German pathologist said:

"The general hospital is the real purpose of our

time, and anyone who takes up service in it must give himself up to it from the purest of humanitarian motives. The hospital attendant must, at least morally and spiritually, see in the patient only the helpless and suffering man, his brother and his neighbor; and in order to be able to do this he must have a warm heart, an earnest devotion, and a true sense of duty. There is in reality scarcely any human occupation that brings so immediately with it its own reward, or in which the feeling of personal contentment comes from thorough accomplishment of purpose.

"But so far as the accomplishment of the task set one is concerned, the attendant in the hospital has ever and anon new demands made upon him and a new task imposed. One patient lies next the other, and when one departs another comes in his place.

"From day to day, from week to week, from year to year, always the same work, over and over again, only forever for new patients. This tires out the hospital attendant. Then the custom of seeing suffering weakens the enthusiasm and lessens the sense of duty. There is need of a special stimulus in order to reawaken the old sympathy. Whence shall this be obtained—from religion or from some temporal reward? In trying to solve this problem we are standing before the most difficult problem of modern hospital management. Before us lie the paths of religious and simple care for the sick. We may say at once that the proper solution has not yet been found.

"It may be easy, from an impartial but one-sided view of the subject, to say that the feeling of duty, of devotion, even of sacrifice, is by no means necessarily dependent on the hope of religious reward, nor the expectation of material remuneration. Such a point

of view, however, I may say at once, such a freedom of good will, such a warmth of sympathy from purely human motives as would be expected in these conditions, are only to be found in very unaccustomed goodness of disposition or an extent of ethical education such as cannot be found in most of those who give themselves at the present time to the services of the sick in the hospitals. If pure humanity is to be a motive, then other circles of society must be induced to take part in the care of the sick. Our training schools for nurses must teach very differently to what they do at present, if the care of the sick in municipal hospitals shall compare favorably with that given them in religious institutions. Our hospitals must become transformed into true humanitarian institutions."

While some of this striking opinion of Virchow's was derived from personal experience with hospitals managed by religious, it must not be forgotten that such hospitals are rarer in Germany, at least in the north, than almost anywhere else in the world. His opportunities then were limited, and undoubtedly much of his favorable persuasions in this regard was founded on his investigation of conditions as he had learned to know them in the old-time hospitals of the later Middle Ages. The traditions as to the treatment of patients in these early times are such as to make us believe that hospital attendants did take their work seriously from a very lofty motive, and that while medicine and surgery were much less effective than in more modern times, the tender care of patients did as much as was possible to make inevitable suffering more bearable, and to keep the sight of painfully approaching death from being a source of discouragement and even of despair.

Virchow recognized all the difficulties that were sure to be encountered in hospital practice of keeping nurses constantly up to the high standard of efficiency that must be demanded, if patients are to be given the best possible advantage of modern medical and surgical progress. He appreciated also how much the maintenance of nursing efficiency might be helped by the motives which come from the religious life. He was not himself a religious man and was too deeply intellectual to be satisfied with the sectarianism with which he was brought in contact in the Germany of the end of the nineteenth century. The logic of any of the sects would not stand the critical examen of a really accurate logical mind.

It must have been quite difficult for Virchow to accept the conclusion that the members of the Catholic Sisterhoods had proved of so much service for nursing. The attitude which he assumed during the years when the May laws were being enforced in Germany was one of rather bitter intolerance toward everything Catholic. During the quarter of a century that followed, especially as the result of his studies of the Middle Ages and the hospital conditions which had been fostered by the Church, he came to realize that in many ways the Sisters were ideal for this purpose of hospital nursing, and he was very sorry that they did not have them available in Germany. In this he was like Francis Bacon three centuries before who declared that the Jesuits were the best teachers in the world, and regretted that since they were educational leaders, they were not on the side of Protestantism.

Virchow touched on a problem that is still occupying men's minds and is likely to do so for many years

to come. It is very interesting to review, however, the question of Sisters' hospitals as it has developed, especially during the past generation here in the United States. From a few hospitals, many of them quite unsuitably housed, in converted dwelling houses, usually old-fashioned mansions which had survived from a preceding generation, accommodating a few hundred patients, our Sisters' hospitals have grown in numbers and character until now they represent more than one-tenth of all the hospitals in the country, many of them housed in handsome up-to-date hospital buildings. They now have accommodations for more than 80,000 patients, and they are growing more rapidly both in numbers and accommodations for patients than are the public or sectarian hospitals.

One fact is notable, that the economic status of the Sisters' hospitals is on a very satisfactory basis. Economic conditions have come to mean so much in modern time that it is worth while to emphasize this. Sisters' hospitals are able to keep within their budgets much better than the other hospitals because of the fact that they are run ever so much more economically in both the scientific and the popular sense of the word. The principal reason for that is that the inspection of hospital conditions is so much more strict and constant, though another strongly contributing agent which perhaps eventually means even more, is that the Sisters themselves occupy administrative and superintending positions of various kinds in the hospitals but draw very little salary compared with what would have to be paid to seculars. The Sisters receive in compensation for their services only what is necessary for their board and clothing and for the education and training of novices to supply their places when they are no

longer able to continue with their occupation. The difference between this very modest sum and the salaries that would have to be paid for such trained expert officials goes into the hospital for maintenance and development. Almost needless to say, this makes a wonderful practice for economy and enables the Sisterhoods to add to their hospitals where others find it almost impossible to do so.

The growth of the Sisters' hospitals in recent years in the United States has been very remarkable. Rev. Edward F. Garesché, S.J., in the weekly periodical *America,* December 22, 1928, reviews the situation now developing in Sisters' hospitals in this country. As he is the editor of *Hospital Progress,* the Catholic hospital monthly, he is in a position to know more about this than anyone else in the country. He says that during the past generation nearly every city of importance in the country has seen one or two groups of Sisters come to found a hospital within its limits. Sometimes these little bands have come without funds or supporters and have succeeded courageously in building up a flourishing institution by their patient labors. Very often they began their hospital work in an old-fashioned residence with a few beds for the sick, and yet were able, in the course of a very few years, to erect a modern hospital structure, fully equipped for every phase of modern hospital work and, almost needless to say, modern hospital equipment is expensive both for apparatus and installation.

Over and over again most of these Sisters' hospitals have been obliged to add to the number of their beds until they were crowded for room, so that everywhere Sisters' hospitals are in one or two stages—just planning an addition, just building or just opening the

latest so as to be able to accommodate more patients. They have had to build because the progress of modern surgery and medicine demands larger hospitals with more and more equipment because of the new methods of diagnosing disease, which require greater space for the individual patient and for the hospital personnel. Nearly everywhere during this past twenty-five years Sisters' hospitals have been erecting nurses' homes until many millions of dollars are invested in these necessary additions to hospitals.

Since the first Sisters' hospital founded in this country, a great change has come over the attitude of mind of the public with regard to hospitals. They used to dread going to them and, as we have seen, with very good reason. It was considered a disgrace to enter a hospital sixty years ago and even fifty years ago, but now the well-to-do, when at all seriously ill, want to be treated in a hospital and all our operations are done in hospitals. As the result of this, as pointed out by Father Garesché, "Every ten years a number equivalent to the whole population of the country comes as patients to the hospitals, and it is estimated that one out of every ten of these patients would die but for the aid which the hospital is able to render." He adds that, "A very great number of these patients of all creeds and races throngs to the Sisters' hospitals which thus do a public service in the saving of life and restoration of health, which is inestimable."

The official statistics of Catholic Sisters' hospitals are to be found in *The Official Catholic Year Book*,* a volume containing all the ordinarily wanted information with regard to Catholic activities, which is issued each year under the auspices of a committee of

*P. J. Kenedy & Sons, New York.

the hierarchy. The hospital statistics reveal the striking growth of the Sisters' hospitals. Altogether there are 652 hospitals under the care of Sisters in the United States. Some 612 of these answered the questionnaire sent out to secure the statistics for the year book. This represents about one-tenth of the hospitals in the United States, because the register for 1927 of the American Hospital Association gives 6,807 as the total number of hospitals in the country. These Sisters' hospitals have in all about 82,500 beds, while in 1927 the total number of hospital beds in the country was about 853,000. This included government and other public hospitals. If only the privately owned hospitals were counted, the Sisters at the present time have about sixty per cent of all the beds in such hospitals.

It is easy to understand how important the Sisters' hospitals have come to be in this country. Their professional status has advanced in the same way. The American Medical Association has a definite standard for its approval and only those hospitals which, after careful inspection, prove to be up to standard are approved on condition. In general only about one in five of the hospitals in the country have received this approval, while of the Sisters' hospitals more than one in two are approved. This is in spite of the fact that many of the Sisters' hospitals were founded by Sisters who had no funds to begin with, and who had to depend on their own efforts and the economical superintendence of the hospital to be able to meet expenses and progress in size and in equipment so as to meet with approval.

There is another standard of excellence in hospitals in which the Sisters' hospitals stand out in similar fashion. All Class A schools of medicine now require

that a man shall have spent a year of practice in a hospital as an interne before he can be given his degree of M.D. The hospitals in which a medical student may serve must be approved, and only a little over eight percent of the hospitals of the country are thus approved. Nearly twenty-five percent, that is, about three times as many proportionately of the Sisters' hospitals are thus approved. It is clear then that the Sisters' hospitals, though conducted almost entirely with private funds, excel in comparison with the general run of hospitals in their efficiency and their rating.

The schools of nursing attached to Sisters' hospitals represent another phase of their work that has progressed marvelously during the twentieth century. Schools of nursing have in the past forty years risen to the dignity of true educational institutions. Forty of our American universities have schools of this kind affiliated with them and the three years of nursing education are equivalent to and accepted for two years of a college course leading to a degree. The statistics available show what a prominent and important place the Sisters' hospitals hold in nursing education. Of the somewhat more than 600 Sisters' hospitals for which information is available, 425 of them have schools of nursing. In the entire country in 1927, there were some 2,286 schools, so that the Sisters' have one-fifth of the schools, but their schools are relatively very large and count almost one-fourth of all the students. Their 425 schools report nearly 20,000 students, of whom more than 850 are Sisters who are preparing to receive the title of registered nurse. The entire number of nurses in the schools of this country in 1926, the latest figures we have found, says Father Garesché, was 76,527. Of the 425 Sis-

ters' nursing schools, all but 55 of the Sisters' schools of nursing, that is, about seven-eighths of them, have received the official approval of the state in which they are situated.

It is not surprising that the Sisters have been so successful in the development of their hospitals and in the multiplication of their schools for nurses, because it is in some of the Sisters' hospitals that not a little of the best surgery done in America has been performed. One of the great hospitals of the country is Mercy Hospital in Pittsburgh which has done such good work for the injured of various kinds in the steel works of Pittsburgh that the great steel magnate, Frick, at his death left it a very substantial endowment. Mercy Hospital, Chicago, was the scene of most of the progressive surgical work of Dr. John B. Murphy. Dr. Murphy has been hailed by such good authorities as Dr. Berkeley Moynihan in England and the Mayos in America as probably the greatest surgeon of the last three hundred years. His invention of the "Murphy button" for the saving of life in intestinal wounds sent his name around the world when he was still a young man. In his later life he was a pioneer in three or four important departments of surgery. In New York, St. Vincent's and in Cleveland, the Charity Hospital, are examples of the excellent executive and administrative ability of the Sisters in great city hospitals. The Charity Hospital at Cleveland has been the scene of some wonderfully good surgery.

Undoubtedly, the best known hospital in the world is that of the Mayos of Rochester, Minnesota, that is, St. Mary's, under the charge of Franciscan Sisters, the same who have been so successful in education in St. Teresa's College, Winona, Minn. The Mayo brothers

have attracted world-wide attention for their magnificent work in surgery, and as St. Mary's has gone on developing in order to keep pace with the ever increasing demand for the services of the Mayos, the Sisters have proven equal to the task of administering the hospital. Dr. Will Mayo is reported to have said that if he were to be operated on, he would want to have present in the operating room the Sister that has helped him as an assistant for so many years, since he could trust her judgment with regard to surgical matters better than almost anyone else. The new St. Mary's Hospital in Rochester is probably one of the best equipped and well ordered hospitals in the world to-day and the model which a great many people are intent on imitating in order to bring their own hospitals up to date. Undoubtedly, the presence of the Sisters' hospital so well conducted in this little town has been one of the reasons why the Mayos have been so successful and have attracted attention from the very beginning of their careers.

XX

SPECIAL MODERN NURSING PROBLEMS

THE industrial revolution which introduced the so-called era of prosperity brought a great change in the status of populations. About the beginning of the nineteenth century scarcely twenty-five percent of the people in western civilization lived in the cities. Now less than twenty-five percent live in the country. This movement brought about a great increase of slum districts in cities, with the poor huddled together in most unsanitary conditions. Dr. Stephen Smith's account of conditions among the poor in the slums on the lower East Side of New York as told in his book, "The City That Was," shows that they almost beggared description. He was Commissioner of Charity and was officially brought in contact with conditions at their worst. Here is a description of a tenement in New York after the Civil War: "The cellar was partly filled with filthy sewage; the floors were littered with decomposing straw which the occupants used for bedding; every available place from cellar to garret was crowded with immigrants—men, women and children. The whole establishment was reeking with filth and the atmosphere was heavy with the sickening odor of the deadly typhus which reigned supreme in every room."

Similar conditions existed in London, even later than that. It has often been said that it was the Jack-the-Ripper murders in the district around Petticoat Lane

in the East End of London that brought about the reform of living conditions there. The deaths of a dozen women of the streets have made it possible for the honest poor to live under much better conditions than before. The sacrifice may well have been worth while. The events illustrate one of the ways that good can be brought out of evil. In France an effort was made, early in the nineteenth century, to ameliorate the condition of the poor in the slums by friendly visiting. Frederick Ozanam, one of the professors at the University of Paris, gathered together a group of students into what were called "Conferences of St. Vincent de Paul," the members of which undertook to visit the poor in their homes, help them when in need, not so much by money as by the securing of positions, the aiding them to solve their difficulties and keeping in touch with them in such a way as to encourage them to face their problems with better courage. These St. Vincent de Paul Conferences have spread all over the world; there are many hundreds of members here in America and they accomplish a great deal of good with very little expense for salaries or other overhead. The members of the St. Vincent de Paul Conferences worked in connection with the Sisters of Mercy and of Charity who have always practised friendly visiting among the poor, thus helping many a poor family to solve its problems, not so much by alms as by human encouragement.

In London the awful conditions of housing and crowding and filth in the East End attracted the attention of a group of young university men who, under the inspiration of Arnold Toynbee (1852-1883), about the 'eighties of the nineteenth century proceeded to get in touch personally with the poor in some of the worst

quarters of the city. Toynbee himself lived for a while in the East End in the Whitechapel district, but the strain of the work caused a breakdown and he died at the early age of thirty-one. Touched by his example, university men founded the first university settlement quarters, which was called Toynbee House. That represented an effort on the part of the better educated to help the ignorant poor by living closely in touch with them for a while, and thus coming to understand their problems at first hand. This movement accomplished an immense amount of good, not only directly among the poor of London, but even more indirectly by the example set which provoked imitation in many other cities.

As a result of this, university settlements of similar character sprang up in other countries. We have several of them in this country. Here in New York the foundation by Miss Lillian D. Wald, toward the end of the nineteenth century, of the Henry Street Settlement, situated in the crowded lower East Side accomplished some eminently desirable results. The "Henry Street" nurses came to be well known and proved to be helpful to the ailing poor in their homes, above all because of the touch of human kindliness which they brought with them. Besides the nurses there were social workers who made a definite effort to help the needy in the solution of the various problems that were confronting them.

As the result of this stimulus and example a group of other agencies came into existence planning to help in the solution of the problems of the poor. They were mainly in the form of religious communities devoted to special phases of need among the poor. They represented in a certain sense reversions to types of re-

ligious congregations which had been at work in the later Middle Ages and had been suppressed in the English-speaking countries at the time of the Reformation. Some of these are well deserving of special mention because of the work which they accomplished and because of the special needs of the poor which they were organized to meet.

With the extremely rapid increase in population in America, which came as the result of the very large immigration of foreigners in the last quarter of the nineteenth century and during the first decade of the twentieth, a whole series of new hospital and nursing problems developed. Many of the foreigners who came to us could not talk our language, and nothing is so disturbing in hospital care as the lack of proper understanding between patients and nurses and physicians. The rapid growth of our large cities furnished new problems in the care of the ailing poor in their homes, because in spite of the very large increase in hospitals there was still not room to accommodate everyone, even if the poor had wanted to go. Many of the poor cling to their homes, even though they might have more comfort and better care in the hospitals. They are homesick away from their homes no matter how squalid they may be. The question of the visiting Sisterhoods for the sick poor came up for solution and new developments were made to provide for this work. Besides there were the incurables for whom care must be provided, and who could not stay in hospitals. Among them the cancer poor particularly claimed sympathy and attention.

For all of these needs special resources were found in the abounding charity of the women of the Catholic Church. There came the organization of hospitals for

the Italians, where they were waited on by those who thoroughly understood them. Hospitals for other nationalities of Europe, especially the various Slav and Lithuanian peoples, came into existence in various parts of the country, where large numbers of each particular people had congregated. Sisterhoods blossomed and grew to take up the work. Mother Mary in New York founded the Visiting Sisters of the Sick Poor about the beginning of the twentieth century; the congregation of the Sisters of Notre Dame de Bon Secours, whose purpose is to do nursing in the homes of the better-to-do people, was introduced into America from France about the same time; after the Great War the Parish Visitors were founded, more for the solution of social than medical problems. Mother Alphonsa Hawthorne Lathrop organized the Sister Servants of Relief for the care of the cancer poor, while the Little Sisters of the Poor, who had been in this country for many years, enlarged their work for that incurable disease, old age, which all of us who live long enough have to face, and which will inevitably get us, if some disease or accident does not anticipate its advance. Any of us, like Colonel Newcomb, in spite of all our provision for the future, may find ourselves in a position where the Little Sisters or some similar agency may prove the refuge for us that they represent for so many.

Any history of nursing must contain brief notices of each of these developments. They represent real inspirations and a definite vocation of helpfulness, and they are aiding in the solution of hospital and nursing problems that otherwise would be extremely and increasingly difficult. Besides, the foundations of these various Sisterhoods are particularly interesting in a

history of nursing, because of the light which they throw on similar religious foundations during the later Middle Ages. By looking around us at the present time and noting what has been accomplished by these various foundations, the Missionary Sisters of the Sacred Heart, the Visiting Sisters of the Sick Poor, the Bon Secours, the Parish Visitors, the Servants of Relief for Incurable Cancer, the Little Sisters of the Poor, the multiplication of religious orders during the later Middle Ages, in order to do special works, becomes easier to understand, and how much of good they accomplished becomes easier to appreciate. The place of such religious orders has often been misunderstood by those who were not familiar with what they could perform of social service and of real charity. It requires personal experience with their activities to recognize how much they are accomplishing.

The Visiting Sisters of the Sick Poor

In spite of all our hospital accommodations, there are, as we have said, still a great many of the ailing poor who must be nursed in their homes. They have an unconquerable desire, amounting, if thwarted, to real homesickness, to be near their own while they are in suffering. Some of them have inherited that feeling of dread of hospitals, which was so common and with such good reason in the preceding generation. It was a great work of humanity to supply help for these, so that they may be properly cared for so far as dressings are concerned, when they are needed, and to provide the proper arrangement of their rooms each day or two. The services of a trained nurse for this purpose, even if only for an hour or two a day, would be quite

beyond the means of these patients and their friends. To have a practical nurse come to help them is a very great service and the source of the greatest possible consolation. Religion is a most important element in the lives of most of the poor and to have a Sister come in to visit them is a veritable climax of solace. They look forward to the visit of the Sister each day or two, they feel ever so much more comfortable afterward, life takes on a new outlook under the circumstances, and many a patient who has been quite miserable up to this becomes ever so much more capable of facing the difficult road to death, inevitable for all humanity, which he now treads with patient resignation.

It may seem quite unreasonable to many that the poor should want to stay in their homes, and there may also be the feeling that hospitals should be provided to take care of them, but we are very far from the point yet where all the ailing poor could be treated in hospitals, but even so the poor will always cling to their homes no matter how humble they may be. It is a genuine need of their nature, and insistence on opposition to it is always seriously disturbing to patients. One may be poverty-stricken to the last degree, but it is home with all the magic of the word, it is a question of heart and not head, of affection and not of reason. This is one of the places where a good Sister fills a long-felt want so acceptably as to make her place in life of the very greatest consolation.

For this special need the Visiting Sisters of the Sick Poor were organized by Mother Mary Walsh, a young Irish girl, who came to New York to make her living and found this problem of helping in the care of the sick poor so urgent that she devoted her life to it. She was almost entirely without education and she was

so poor there was nothing for her to do but make her living by her hands, but her heart went out to the poor around her in the crowded tenement neighborhood in which she lived and she resolved to devote herself to helping them care for the sick among them. When she first came the dread of hospitals made the problem of the ailing poor in their homes an even more difficult one than it is at the present time, though of course, even now, hospitals do not take chronic cases, unless under special circumstances; when they can not be cared for at home, the only place for the poor is in the almshouse hospital. They are excellently cared for there, but many of them do not want to give up home and its associations to live and die in what, to them, seems little better than the old-fashioned poorhouse, which was in such sad disrepute.

Mary Walsh tried to solve that problem as best she could, single-handed. Having nothing else, she gave herself, and strange as it may seem, succeeded in working wonders among the poor around her, though not without the most serious discouragement and with what seemed to be the assurance of utter failure staring her in the face over and over again. She did laundry work to support herself, and whatever of her earnings remained over and above her own support she employed for the benefit of the sick poor whom she nursed and cared for to the best of her ability and out of the affection of her heart.

Strange as it may seem, young women who heard of what she was doing gathered around her and asked to be allowed to help her in the work; to share the joys and sorrows of her absolute devotion to others. There was a full quarter of a century of struggle before the day of at least comparative success dawned; but then

in spite of all the hard work of her lifetime, which so often must have seemed discouraging, she was afforded the satisfaction of seeing her dream come true. An institution was founded that promised to fulfill a hundredfold what she had dreamt of for the poor. She first organized the little band of workers into the secular Third Order of St. Dominic and they lived together in a little apartment, bare of even the most necessary furnishing. For a long time their only beds were pallets of straw laid on the floor. Some of them went out scrubbing by the day in order to gather sufficient funds to carry on their ministrations amongst the sick at night. They themselves lived most meagerly, sometimes on scarcely more than bread and water, in order that there might be the more to distribute to the poor.

For a time they conducted a laundry in which a dozen or more poor women found employment and were able to help their families. Especially those who had ailing ones to support were favored with employment in hard times. The laundry was abandoned, however, partly because the health of some of the members of the little community suffered from the hard labor, but mainly because their preoccupation with the laundry and of making money in that way interfered with the more important work of nursing the sick and caring for orphan children, which they were carrying on in the neighborhood of what is known as Hell's Kitchen, in New York. Like Thoreau they did not have time to make money. Fortunately, they attracted the attention of the Paulists, that is, the Congregation of St. Paul, who are in charge of the great Church of St. Paul on 59th Street and Columbus Avenue, in whose neighborhood their work was being

done, and arrangements were made by which they were enabled, through the liberality of some better-to-do people, to devote their energies to the care of the poor.

All this was not done in the Middle Ages in some little city of a distant European country, but in our own New York City toward the end of the nineteenth century and the beginning of the twentieth. When their work began to develop, it was felt that it would succeed much better as a regular community of nuns, and accordingly the Dominican fathers were asked to take an interest in Mother Mary's group. They provided for them a Dominican Sister from among the Dominicans of St. Mary of the Springs, Columbus, Ohio, to instruct the rising community in the spirit and traditions of the Dominican order. A formal novitiate was opened and soon novices began to pour in. Not long afterwards a request was made for the establishment of a community of the Visiting Sisters of the Sick Poor in Columbus, Ohio (1912). Five years later a second foundation in New York City was made and a third foundation at Denver, Colorado, just before Mother Mary's death. That was the name by which she came to be called with the establishment of the little community. Other western dioceses, Duluth and Cincinnati, were asking for foundations, but there were not enough members of the little community to take up the work. Mother Mary had had the consolation of seeing her plans for the poor come true, far beyond anything she had dared to hope.

In 1918 a farm at Lakewood, New Jersey, was given to the Sisters by a generous benefactor, and here ailing children and convalescent mothers are taken for summer outings. As many as four hundred have been

accommodated there in the course of a single season. In 1921 another benefactor offered his summer home at Hampton Bays, Long Island, to serve as a rest house for the Sisters, when worn out by their arduous labors. The future looks bright indeed for the development of their institute and the need for it continues to grow even in the midst of our prosperity.

Mother Mary, the foundress, was a very wonderful woman, quite uneducated; she had a remarkable fund of common sense and practical power of sympathy. Her most notable characteristic was her unfailing good humor and her irrepressible Irish wit and humor. Father Schwertner, the Dominican, from whose sketch of Mother Mary as it appeared in the weekly periodical, *America,* much of this material is taken, emphasizes her optimism and her readiness always to translate things in the best way. She never lost confidence in human nature, and she could always turn the sorriest conspiracy of events into a joke. She knew, as if by intuition, the workings of the human mind, especially among the poor, and thus she was able to accomplish an immense amount of good. At the time of her death some fifty young women, all of them with devoted youthful hearts, were doing the work that she had planned. Now ten years later they have increased still more in numbers and it is easy to understand what an immense amount of benefit they bring to the poor. Their special patroness is Catherine of Siena, that immortal charity worker who more deeply influenced her century than any other individual who ever lived. Catherine owed almost nothing to education. She did not know how to read until she was twenty-four nor how to write until she was twenty-eight, but she was able to accomplish almost untold

good for her people and her city, and then gradually for a great many other peoples and cities.

In quite a different way, and yet so that her career is reminiscent of the distinguished Sienese saint whose career has attracted so much attention in recent generations, Mother Mary in the course of fifty years succeeded in impressing herself deeply on the heart of New York. She was known only by those who wanted to help her because they recognized how much her work meant for direct help of those in need. Her Sisters are given a simple training in the care of the ailing, though it was Mother Mary's fond desire, often expressed toward the end of her life, that they should have a hospital of their own, in which they should care for the ailing poor, who might be most benefited and thus returned to the work-a-day world again, but in which there should be opportunity for the training of her Sisters for their work, so that it might accomplish as much good as possible. Her idea was not to make regular trained nurses of them, but to afford such knowledge of nursing duties and practice as would enable them to help their poor tenement house patients to the best advantage. In this way many young women could be fruitfully employed in practical nursing who might not have the preliminary education or the mental capacity to become regular trained nurses.

The Sisters of Bon Secours

The congregation of the Sisters of Our Lady of Bon Secours was founded by Father P. S. Millet, a young French priest of Troyes in France who spent much time visiting the sick and the poor in his parish.

During the course of his visitations he found that there was place beside the hospitals for another great work, that of caring for the sick both rich and poor in their own homes. Three young women took up the work and Father Millet provided a house for them. Thus simply was the congregation founded. There was a good deal of opposition on the part of government officials who said that the hospitals furnished all that could be needed for the sick. The ailing themselves, however, knew how much of a consolation it was to them to be at home with their own, and yet to be properly cared for; and so the little congregation grew and houses were founded at half a dozen French cities, Moulins, Auxerre, Fontainebleau, and other places during the fifties, and a dozen more during the sixties of the nineteenth century. In 1865 the Sisters nursed the cholera-stricken of Nice and Gibraltar, and then the following year they established a house in Liverpool, England. In the later sixties they were called on to nurse in epidemics of typhoid fever in various cities. During the War of 1870 they proved a great resource for wounded and ailing French soldiers, and it is not surprising that after that they were accepted as a beneficent French institute and received the approbation of the pope.

They came to America in 1884 with the foundation of a house in New York and other houses continued to be established in many places, though it was very hard to secure sufficient members to fulfill all the demands for new foundations that were made. When the World War came the Sisters everywhere in France worked in field hospitals; the novitiate was transferred to the south of France and the mother house was put at the disposal of the military authorities.

The Sisters nursed the wounded soldiers night and day. Their devotion to the soldiers under all conditions, their continued care of them even when hospitals were bombed, their readiness to face epidemics brought them a series of decorations in the two wars. They were granted fifty ambulance crosses, thirty medals as well as a number of insignia and diplomas.

The Sisters of Bon Secours devote themselves only to the care of the sick in their own homes. They have no fixed charge, the poor give nothing, the rich offer whatsoever they will. According to their statistics for many years the Sisters have passed nearly 150,000 days and more than 100,000 nights at the bedside of the sick each year. They make excellent nurses, and their patients learn to love them very dearly and are very much encouraged and consoled by their presence. They are now securing novices for their work from among young American women.

Italian Hospitals in America

Another problem besides that of the care of the sick poor in their homes in New York, which clamored for solution during the last decade of the nineteenth century, was the care of the Italians who had come to this country in such immense numbers as the century was closing. They were, as a rule, from the poorest classes in Italy, usually ignorant and untrained. They came mainly to do manual labor and to live under the most squalid conditions for a time, though it was not long before many of them showed that they had real stamina in them. They saved money, sent for their wives and children and soon began to advance rapidly in the social scale. During their early years

in this country they were particularly liable to all the accidents of industry and to the serious ailments so likely to attack working people, because they exhaust their energies, as a rule, and keep on laboring until they can scarcely stand and are usually so poorly fed that their resistive vitality is undermined. A great many of them needed hospital treatment, and yet, knowing only Italian, their treatment in American hospitals was extremely unsatisfactory for them; they did not have the benefit of that renewal of strength which comes to the hospital patient as the result of having the consolation of feeling that understanding folks are around one to do all they can.

About this time, that is, about the middle of the last quarter of the nineteenth century, a young woman in Italy belonging to the Italian nobility, conceived the idea of doing something for others that would provide satisfaction in life for herself and enable her to exercise that charity that passes understanding. She began by opening schools for poor children and was very successful in the work, soon finding, as so many who have the courage to do what she did, that others wanted to join her in the work. She organized a congregation that was to devote itself to teaching, especially the children of the poor, and to training school teachers. Because of her position as foundress, she was known as Mother Cabrini. Her work attracted the attention of Pope Leo XIII, who invited her to open a pontifical school at Rome. This proved eminently successful. Mother Cabrini had the idea that her little congregation, called the Missionary Sisters of the Sacred Heart, besides its work in Italy would also go to the East in order to do missionary work there. That was why the name was chosen.

When she applied for permission for this, Pope Leo XIII said to her that her mission lay exactly in the opposite direction. He recommended the Americas, North and South, as a fertile field for her labors. Her congregation, following the Italians who had come over to this western continent, came to the United States and opened a school for the children of Italian immigrants in connection with the Church of St. Joachim in New York City.

The congregation soon grew in numbers and in the work that it undertook here in America. Mother Cabrini soon realized that, while teaching was important, there were other crying needs of the Italian population in America that must be met, if there was to be a solid foundation for the solution of social problems among them. Ailing and injured Italians needed the care that could properly be given them only by their own. About that time the preparations for the World's Fair in Chicago, in celebration of the four hundredth anniversary of the discovery of America, seemed an auspicious moment, and so she opened Columbus Hospital in New York. Like nearly all the Sisters' hospitals it had an extremely humble beginning in two private houses and with such slender support as would surely have discouraged anyone other than its foundress, convinced that she was doing God's work on a mission pointed out by the pope himself. Now the Italian Sisters have two hospitals, one in the lower and the other in the upper part of the city; in 1905, Columbus Hospital, Chicago, was founded, though under just as great difficulties as Columbus Hospital, New York. In 1910 Columbus Hospital and Sanatorium in Denver was founded and two years later Columbus Hospital, Seattle. All of these were

in excellent condition, with abundant promise of future usefulness and healthy development, at Mother Cabrini's untimely death. She was nearly seventy, but she had accomplished a great deal, and until the very end from pneumonia was unceasingly energetic and accomplishing an immense amount of work. The members of her congregation are not all Italians, but they come from our many different races here in America. Many an Irish girl, after looking into Mother Cabrini's wonderful eyes, felt it her vocation to help this wonderful little woman in the vocation she had in hand. She won all hearts to herself, but only for the sake of the Master, and so it is, that in the course of scarcely more than twenty-five years the congregation counts nearly five hundred members here in America. It has some three thousand throughout the world. When the Italians entered the war, Mother Cabrini by cable mobilized her Sisters in Italy for the aid of their native country in every way possible. The houses of the congregation were transformed into hospitals and refuges for the convalescents and asylums for the sons and daughters of those who had fallen on the field of battle. No wonder that she has been compared with Florence Nightingale for what she has accomplished for her own people at home and abroad both in peace and war.

The Servants of Relief for Incurable Cancer

About the middle of the last decade of the nineteenth century, cancer began to loom up as an even more seriously fatal disease than it had been considered up to that time. In spite of the advance in

surgery that had come as a consequence of Lister's great work, the death-rate from cancer did not have much, if any, reduction. Many more operations had been done during the preceding twenty years than before, but there were a great many recurrences and most cancer patients died, sometimes within five years after their cancerous condition was first discovered, no matter how much or how skilled the surgical care afforded.

Well-to-do sufferers from cancer had at least the consolation of being provided with what they needed and having everything done to relieve their discomfort. For the poor it was very different. After operations in the hospital, they could not be cared for once convalescence was established, for hospitals are for patients for whom something can be done; they are not homes for incurables. The poor had to go to their squalid homes where, very often, they had to be alone all day because older members of the family were at work and younger members were at school. As a result of this solitary life the discomfort produced by their cancerous condition was ever so much worse than it would otherwise be, and their loneliness became almost the worst feature of their illness. The alternative, the almshouse hospital, very often had to be taken, but only when all hope was gone and when nothing else could be done for them.

The attention of Mrs. Lathrop, the daughter of Nathaniel Hawthorne and the widow of George Parsons Lathrop, the writer, was called to this sad condition of affairs. She and her husband had recently become converts to the Church and she resolved to devote herself to the care of these unfortunates. She did not plan a great institution, but with true Haw-

thornesque Christian charity resolved to give herself to the care of a few of these cases, and then gradually broadened the scope of her good work as she came to realize just how much good could be accomplished and how best to do it. She hired a tenement on the lower East Side of New York and took in half a dozen poor people suffering from incurable cancer. Only two things were necessary to secure her care: You must be poor and you must be suffering from cancer in such a way that the physicians felt that they could do nothing more for you. Then Mrs. Lathrop would take you in, if there was room, and take care of you until the inevitable termination of your ailment.

At the end of the year when her little flat was crowded, a young woman from Kentucky, Miss Huber, who had heard of her self-sacrificing devotion to the cancer poor, offered to join her in her work. By this time Mrs. Lathrop realized just how much opportunity there was to do good of the finest type in this way. She appealed to the public for help, and later was able to build a fireproof home for the cancer patients in Cherry Street, down on the lower East Side of New York City. Afterwards she bought an old country hotel so as to have a place for the less ailing patients during the summer time. This was situated in Westchester County, about thirty miles out on the Harlem road, and the station for it came to be called Hawthorne in her honor. That country hotel, always with its danger of fire, has now been replaced by two fireproof buildings containing wards that will accommodate a hundred patients.

Shortly after she began the work, Mrs. Lathrop became persuaded that the only way to secure its continuance was to found a special religious order, and

so, after consultation with the Church authorities, a foundation of the Third Order of St. Dominic was made. The Sister Servants of Relief for Incurable Cancer as they were called began to wear white habits, which are so suitable for their rôle as nurses, and which so emphasize the necessity for cleanliness in that occupation. The whole project was distinctly medieval and nothing illustrates so well the old-fashioned church way of solving a serious social problem and supplying for a great need.

Mrs. Lathrop was forty-five years of age when the new mission in life came to her; she spent some thirty years in the work before quietly breathing her last, during sleep, without knowing anything about the impending end. She was then past seventy-five. These last thirty years had been full of trials and worries of many kinds, for it is no easy matter to care for hundreds of cancer patients, and Mother Alphonsa herself, as she came to be known after the establishment of the little community, made it a rule for herself to assume her share of the duty of taking personal care of the patients. Until the end she never departed from that habit, and she insisted in her constitution that her Sisters must not have so much lay help that they would be merely directors of the work, but must take a personal share in it themselves.

As the result of her foundation, thousands of cancer patients have died ever so much more happily than would otherwise be the case. Many a patient has come in to one of her cancer homes with the prospect of dying in the course of a few days and has lived for weeks and months, sometimes in the midst of a great deal of consolation and even satisfaction with life. Many a patient has breathed a sigh of relief,

after being properly dressed and placed between clean sheets in one of the rooms of the cancer home, conscious that the solicitude of the Sisters for him or her would continue until the end, with a fervent "this is heaven." They were carrying around their death with them, and life had seemed a very dour thing indeed in their tenement homes, but now it looked very different. The story of some of these cancer patients as told by Mother Alphonsa herself gives an excellent idea of how much her foundation has meant for the poor.

When her foundation was begun, just at the end of the nineteenth century, it looked as though, with our development of knowledge of bacteria, it would not be long before the secret of the cause of cancer would be revealed, and then it would not be a difficult matter to arrange for its prevention. In the more than quarter of a century that has passed since then however, the mystery of the causation of cancer has become deeper and the outlook for its solution is not at all promising. It seems as though cancer is just one of the modes of degeneration which occur in tissues under certain circumstances, and which bring about a process that inevitably leads to death. There are ever so many more cancer patients in our time than there used to be, and we now realize that every year that a man or woman lives after forty makes him or her just that much more liable to die of cancer. Something can be done in most cases to prolong life, if very early operation is performed, but in a great many cases the beginning of cancer means that the patient will die from the disease in three or four years, though life may be lengthened somewhat beyond that without insufferable discomfort if good care is provided.

Mother Alphonsa's foundation then seems to fill a very important gap in the organization of care for the poor and the ailing, and when her little community grows, as these religious orders do, so quickly always, they will supply the nurses for the cancer poor that will save an immense amount of suffering and bring a great deal of consolation to human beings, who are very much in need of it.

This foundation is almost entirely of the twentieth century. It illustrates very well how these nursing orders came into existence during the Middle Ages, and how they came to occupy an important place in the history of the Church and of human charity or thoughtfulness for others. In the old days there was special nursing orders for leprosy which prevented the dissemination of that contagious disease. There were at least one, and probably more, special communities for the care of sufferers of St. Anthony's Fire, that is, erysipelas, which prevented the spread of that disease among surgical and maternity patients in the ordinary hospitals, among whom it so often took place. There were special communities for other purposes, as for visiting the sick poor as organized by Catherine of Siena, taking care of travelers who might lose their way over the passes of the Alps, ransoming captives who were held as slaves among the Turks, and many other phases of beneficence.

Parish Visitors: Modern Deaconesses

Just ten years ago a group of young women, mainly school teachers, took on themselves the duty of visiting the families of the very poor in the poorest neighbor-

hoods in New York. Their idea was to help them in various ways but, above all, to help them to help themselves. Soon it was realized that if there were to be any permanence in the work, it would have to take the form of a religious congregation. So a house was purchased on the edge of the slum area on the West Side in New York and the "Parish Visitors" were organized. The one idea of the Parish Visitor is to be of help. When problems are hard to solve, consultation with her will often make them easy. When young folks lose positions, influence can be exerted that proves helpful. When families are in dire need, the distribution of the charitable funds of the parish, being somewhat in the Parish Visitors' hands, affords immediate help, and yet, without any sense of pauperization. When serious illness or injury comes to a family, the Parish Visitor can secure entrance of the patient into a hospital. Most of the Parish Visitors take courses in social service at the Fordham University School of Sociology, and then receive the practical training of visiting among the poor from their Sisters of the congregation, who have had actual experience.

What is interesting about this foundation is not that it is new and dictated by modern interest in social helpfulness, but that it is a reversion to older foundations in the Church. It bears no little resemblance to that of the deaconesses of the primitive time, though also to the Third Order of St. Dominic as it was in the time of St. Catherine of Siena. The members of the congregation wear no special habit, though their dress is sufficiently a departure from the ordinary fashions as to make them easily recognized. Cardinal

Hayes said of them in approving their work, "Substantially theirs is the way, ever ancient and ever new, of the changeless Church which has ministered untiringly to the ills and sorrows of human nature down the centuries."

XXI

MODERN NURSING NEEDS: THE FUTURE OF NURSING

THERE is a very general impression that the progress of modern medicine and, above all, of hygiene and sanitation, with their successful program of disease prevention, have so lessened the suffering of mankind and reduced mortality, that we are coming to a time when there will be room only for comparatively small additions to the numbers of nurses now in practice, just enough to fill up gaps that are made by death and marriage and the abandonment of nursing practice in order to take up other work. For a good many years now we have heard about the impending saturation of the nursing profession, and well meaning people have been quite ready to discourage young women from going into nursing because of the feeling that there were already at least as many nurses as were needed, and with the numbers that were graduating every year it would not be long before there would not be enough for nurses to do to support themselves in their proper professional dignity. This fear has even secured a place in the minds of a good many people who are deeply interested in nursing and the nursing profession and the progress of it, as well as the provision of trained nurses for the ailing.

There is no doubt at all that modern medicine in its progress has greatly reduced the mortality among

mankind. Less than a hundred years ago a mortality of sixty or seventy per thousand per year in the larger cities particularly was not unusual. Now a death-rate of more than twelve percent, even in the large cities, is considered to be evidence that the municipality is not taking as much care of the health of its citizens as it should, and probably is over-economical, not to say stingy in its provision of financial support for its board of health to enable it to develop preventive medicine in the proper way. Unfortunately, many smaller towns, some of them situated under what should be salubrious conditions, still have a death-rate of from fifteen to twenty per thousand per year, but that is usually traceable to local difficulties that occur as the result of unfortunate politics swaying the board of health in the particular neighborhood, and preventing it from executing its duties as it should.

As the result of the decreased mortality, human life has been lengthened very notably. Even sixty years ago the average length of life was probably under forty, and was certainly not much more than that. At the present time the average length of life is over fifty-eight, and it is probable that in the course of the next ten years it will approach sixty. There are some sanitarians or at least writers on health topics who are inclined to say that by 1950 the average length of life will approach seventy years of age, and by the end of the century may even be seventy-five or more. For this we may say at once there is no good evidence of any kind. Those who know most about the matter, and especially statisticians of the insurance companies, are practically a unit in declaring that the average length of life will probably not go beyond sixty-five, if it ever reaches that limit.

The reason for the decrease in average mortality is largely due to the fact that modern preventive medicine is saving the lives of young children. In New York fifty years ago, or a little more, one in five of all the children born, died under one year of age. One in five more died under the age of five, leaving only three-fifths of those born, alive after that time. Now scarcely more than one in twenty of the children born alive die under the age of one year, and another one in twenty under the age of five years, leaving nearly nine-tenths of those that were born to live on. Besides, we have eliminated to a great extent certain contagious diseases that used to carry off young folks such as smallpox, typhoid fever and dysentery, and we have greatly reduced the death-rate from the children's diseases. Diphtheria probably does not cause more than one-seventh as many deaths as it used to, and scarlet fever is even better under control. Measles still continues to be a serious affection, because of the complications which it produces.

Whatever improvement has come in the prevention of disease and its more efficacious treatment serves often to keep a number of young folks alive, who, two generations ago, would have died in their early years. This is far from being all clear gain for the race. Unfortunately, not a few of these young folks that are saved from death grow up to be weaklings, who have to be cared for by the community. A generation ago a great many of the feeble-minded, for instance, failed to live beyond the first year of life or at least suffered from various incidents and accidents that brought death in their train before they were five. A number of other unstable individuals, who afterwards have a tendency to develop insane and

criminal tendencies, used, as the result of natural selection, to disappear during the early years. Now we are saving ever so many more of them than before and they grow up to be a burden that the race has to take care of.

Many of our advances in medicine are producing new problems for us to solve. On the other hand our medical progress is not by any means the triumph over disease that it is so often proclaimed. There are a great many phases of medicine with regard to which our knowledge is very discouraging, and not at all the subject of jubilation that it has been made.

Dr. Singer, the well known writer on the history of medicine, in the epilogue of his "Short History of Medicine" * has some rather striking expressions with regard to the lack of advance in many phases of medicine, which are very interesting in this regard:

"Works on Medicine intended for popular consumption are often couched in the jubilant terms of victory. Yet there are whole departments in which no progress whatever has been made. We pride ourselves on the advance in knowledge of infectious disease which the germ theory has brought us, and yet we are utterly and completely ignorant of the two things about infectious disease which are the two things most worth knowing on that topic. Firstly, no man has conceived the way in which the parasites of disease first fastened themselves on the animal body, a specific parasite to a specific animal. In other words, we have not the least idea how diseases first begin. Secondly, no man has conceived a reason why diseases, distributed over a wide area and in many bodies, should vary in virulence from time to time, why, for instance a rela-

* Oxford University Press, American Branch, New York, 1928.

tively mild condition, such as influenza, should suddenly devastate the world. It is easy to say that human resistance varies, but that is only to re-state the problem in terms of which we know nothing. On these high topics of Medicine we know as much and as little as Hippocrates.

"Moreover, if we turn to definite diseases, there are many conditions, and those among the most important, of which our ignorance is almost complete. Thus of the very common and painful diseases, muscular rheumatism and rheumatoid arthritis, we know hardly more than Hippocrates and our remedies are but little more effective than his. The common cold—economically the most important of all diseases, not excluding cancer and tuberculosis—has a vast literature, but the physician is almost helpless in its presence and can but let it run its course. Measles, whooping-cough, and influenza have become more deadly of late years. We have still no clear line of treatment for them. Nor have we any real insight into the nature of cancer. Those who reach advanced age have no better chance of life than they had two hundred years ago. Above all, it must be remembered that the great majority of deaths are caused by diseases theoretically preventable. There is a natural term to life which it is desirable that all should attain. Yet most of us will surely die a violent death as truly as though struck down by a felon's hand. Death from disease is an unnatural and a violent death."

It is easy to understand, under the circumstances, that we are not reducing the need for nursing care, but on the contrary we are adding very materially to it. Young folks used to die of the brief contagious diseases which required very little nursing, as a rule,

and were often cared for by the family, but the children now grow into middle life to become the victims of the lingering diseases. Tuberculosis has decreased in mortality, but heart disease has increased to take the place so long occupied by tuberculosis of the "captain of the men of death," to use Defoe's picturesque phrase. Heart disease usually takes several years to carry off its victims, and while it does not cripple all of them and many heart disease patients die rather suddenly in the midst of their affairs, it must not be forgotten that the great majority of them often have to give up business for several years before their death and often have to be attended for longer or shorter periods by night and day nurses to get them over crises which threaten existence.

What is thus true of heart disease is also true of kidney disease. A great many more people are dying from it and their death takes longer. Kidney disease patients may last five or six years after the first serious symptoms have developed. At intervals during that time they will have to be given professional care, and sometimes that professional care will be necessary, off and on, at least for three or four years before the end. Even when these patients travel south to avoid the effects of wintry weather upon their conditions, they usually have to take nurses with them or make provisions to secure nurses where they take up their winter residence.

Just in the same way arterial affections of various kinds are increasing in number and in seriousness. Arterio-sclerosis has become an extremely common affection. It is often associated with high blood pressure, and there is very likely to be the blow-out of an artery in the brain, what is called scientifically an

apoplexy, usually followed by lasting paralysis. A stroke of apoplexy does not kill, as a rule, and patients will have to be nursed for three or four months on the average, and may even have to be nursed for several years. It is not an unusual thing to have even as much as ten years occur between the first stroke and the last, and during the interval the patient may need skilled care. There is an old tradition that the third stroke always kills, but that is not true, and there is another tradition that three years is the limit of life after a stroke, but statistics have shown the fallacy of that and arterial disease will continue to be an extremely important reason for nursing care over prolonged periods.

Other chronic physical affections are increasing in number, if not absolutely, then at least relatively, because of the increase of the whole number alive after middle life. Diabetes, for instance, occurs ever so much oftener than before and is seen in much severer form. The consumption of sugar undoubtedly has something to do with this. A hundred years ago we used on the average ten pounds of sugar a year for every man, woman and child in the country. Now we use a hundred and ten pounds each per year. We used to take about a third of an ounce a day and now we take a third of a pound. We have discovered a remedy for diabetes in insulin, but that only serves to keep patients alive longer and calls for more nursing than before. Deaths from gangrene in the course of diabetes are not so frequent, but gangrenous patches still occur and the greatest care has to be exercised in the treatment of these patients.

Obesity has become a marked feature of life because of the greater indulgence of the appetite, particularly

as regards the taking of sweets of all kinds. During the course of the last ten years we have come to consume one-third more ice cream in this country than we used to, and such indulgence goes on increasing all the time. The obese require to be nursed much more than other people, and whenever they are ill they are likely to need the skilled care of a nurse. Many a young woman, unskilled in handling patients, has hurt herself seriously trying to lift up stout patients or to help them in various ways.

The various anemias, and especially pernicious anemia, are finding more victims because there are more people alive after middle age when these diseases are particularly prone to occur. The discovery that liver is almost a specific for pernicious anemia only serves to keep a number of people alive who used to die from that affection. It is probable that they will always have to continue liver consumption and be invalids to some extent requiring special care. Their added years of life are likely to require considerable nursing and these people are more liable to suffer from various affections, the severe bronchitises, pneumonias and especially influenzal complications which require nursing care.

The liver diseases are increasing in number in something of the same way. Operations for gallstones not infrequently lead to complications which require nursing months, and sometimes, years afterwards. Sometimes chronic appendicitis has a history of the same kind, and various adhesions, which have taken place as a result of the chronic inflammatory condition in the abdomen, require at least such nursing care as will ensure intestinal movements at regular intervals and the taking of other precautions against the develop-

ments of toxemia. As the nervous conditions increase, the number of sufferers from mucous colitis multiply and these very often require nursing care. Many physicians are persuaded that mankind suffers rather readily from intestinal autotoxemia, which requires the giving of high enemas rather frequently, usually demanding the services of a nurse.

A generation ago when physicians began to accept generally the doctrine of the microbic cause of disease, there was thoroughgoing assurance that before long we would find out the cause of cancer, and the discovery of the cause would be followed by the prevention, or at least definite control, of the disease. All our efforts to learn the cause of cancer have been in vain. We almost seem to know less about the disease now than we thought we did thirty years ago. Some still believe that there is an hereditary influence, but the disease has become so common that the apparent evidences for that is extremely dubious. A number of physicians still cling to the notion that a specific parasite of some kind will be found as the active agent for the affection, but most of those who have the best right to an opinion in the matter are not inclined to think that some living agent will be found to be the cause of it, but that it represents a more or less spontaneous tendency to degeneration of tissues as the years advance.

All that we know for sure is that the disease is increasing in mortality, not only relatively but absolutely, that is, not only are there more cancer deaths every year, because that might be expected since the population is growing in numbers, but there are more cancer deaths in proportion to the population than there were before. The careful investigation of the

subject given in the United States Public Health Reports some three years ago makes that clear. Considerably over a hundred thousand people died of cancer last year in the United States, and probably a million of people died of the disease in the civilized world. It attacks the vegetarian races just as much as it does the exclusively meat-eating peoples, and while it seems to have a tendency to carry off a little more frequently those who are overweight than those who are underweight, this may be due to nothing more than the fact that in these modern days many more people are inclined to overweight rather than underweight. We spend more on food because we have more to spend on food, and food is more enticingly prepared. Besides, a great many people whose ancestors were satisfied with two or, at most, three meals, take some four meals a day. Young persons below the cancer age are as thin as they were several generations ago, but older people are much more likely to be overweight, even though not to the extent of being obese.

Besides these fatal chronic diseases, there is a whole series of other affections that are increasing in frequency and which require nursing. There are five times as many insane in our insane asylums in proportion to the population as there used to be a short generation ago. Almost needless to say, these patients require a great many nurses and more and more the community is demanding that they should be given skilled nursing care.

An extremely great increase has come in what are called the nervous diseases, that is, the various affections which, without any organic basis so far as we know at the present time, produce states of intense

discouragement or tired feelings that prevent the taking up of ordinary occupations or favor the occurrence of the neurasthenic conditions, which make life so miserable for many people that the increase in the suicide rate becomes easier to understand. These cases have multiplied so much in recent years as to make the problem of caring for them very difficult. Special sanatoria and institutions of various kinds have been built for them, and though these usually demand very high prices for accommodations, most of them are well filled, and one of the easiest ways to make money in the suburbs of a large city is to open a sanatorium for the care of nervous patients.

We have reduced the death-rate from consumption to such an extent, and the promise of its still further reduction is so certain of fulfillment, that the question of what will be done with the sanatoria for the disease, which have been erected and have proved such a boon to humanity, has come up for serious consideration. I asked a year ago a distinguished specialist in tuberculosis what he thought of that problem; he said that the nervous affections were increasing so fast and were demanding so much more care that it was perfectly evident that proper employment for the institutions, which might be no longer needed because of the lowering of the morbidity and mortality rate from consumption, would easily be found in this quarter. So far, only the rich have had the advantage of sanatoria for nervous affections, but the middle class and the poor are demanding more and more this kind of care, and undoubtedly it will have to be afforded them.

While we hear so much then of the decrease in mortality and in morbidity of the contagious diseases, it must not be forgotten that our successful campaign

for disease prevention, instead of decreasing has increased the amount of suffering in the world. Instead of being carried away by the brief contagious diseases, people now go to their death to a great extent from the lingering diseases. These occur after middle life, just when a man's relations to his family and to the community have made him most valuable, and when he is most needed. When we are young we are likely to think that the old in the course of life have become used to suffering and we are likely to have the feeling that they do not mind suffering much. As we get older, however, we come to realize that suffering is harder to bear at that time than it was before. Ever so many more dreads of the progress of disease and of the possibilities of its complications are likely to occur, and these are very disturbing. When death occurs between forty-five and fifty-five as it does so often from heart disease, kidney disease and cancer, the poignancy of the suffering is intense and the patients require the best possible professional skill to keep them from becoming discouraged, or perhaps utterly despondent, so that it does not seem worth while making the effort to live at all.

The progress of medicine instead of lessening the demand for nurses in hospitals is increasing it all the time, and will continue to increase it for years to come. Surgical skill is saving a great many people who used to be considered beyond all hope of surgical intervention. Not a few of those who are saved by our modern magnificent surgical skill from death, however, have to be under the care of nurses for a long period. Sometimes they must be under skilled care for most of their after life. Even when operations for cancer prolong life by three to five years, there will be

recurrences that have to be treated and complications that will have to be relieved, as well as conditions that will have to be nursed, if the patient is to be at all comfortable.

The proof that there is more of suffering and chronic disease in the world, in spite of all our advance in hygiene and sanitation, is to be found in the great increase in the number of hospitals and the great additions to hospital accommodations made during the past generation. In 1870 the number of hospitals in this country was 149. They provided 35,000 beds for a population somewhat above thirty-eight million. These hospitals were mainly large city hospitals with an average of over two hundred beds in each one, and they were to be found only in the larger cities. Now we have more than 8,000 hospitals with over 850,000 beds for a population of a hundred and twenty millions. We have about fifty times as many hospitals as we had sixty years ago, and more than twenty times as many beds, though we have only three times as many people. The hospitals are smaller on the average, containing each only about a hundred beds, but they are to be found not only in the larger cities, but also in the smaller towns, and their facilities are well employed in the care of the ailing. Hospitals are increasing in number and capacity all the time. By the end of 1930 we shall have one million of beds in our American hospitals.

In 1870 no one went to a hospital unless he had no home and no friends. The poor particularly dreaded hospitals, and felt that it was almost more of a disgrace to go to a hospital than to a poorhouse. The rich never thought of hospitals, except as objects of charity. There was no question of anyone who had any money

or friends going to a hospital. Now the great majority of people go to a hospital whenever there is anything serious the matter with them. Even capital operations were done in private homes on kitchen tables in the houses of the well-to-do fifty years ago. There was no question of asking these patients to go to hospitals. Patients were well advised to avoid hospitals. The death-rate at that time in the large city hospitals, particularly, was as a rule from twenty-five to fifty percent. Where surgery was practised to any extent it was ever so much higher. As we have told in detail elsewhere Nussbaum, the well known German surgeon, refused to operate in the great General Hospital at Munich in 1870. No wonder that he did so because his death-rate the preceding year on operated cases had been seventy-nine percent, that is, four out of five of his operated patients had died. The fault was not his, but was due to the infected hospital wards and the fact that the mortality in operated cases was so high that, as a rule, only desperate cases came to operation.

Our hospital establishments are increasing in number all the time. In the course of the next five years there will probably be some 10,000 hospitals in this country. That will not be too great a number. Now hospitals are being opened all the time, mainly because present-day hospitals are sometimes over-crowded. There are certain seasons of the year when it is rather difficult to secure hospital accommodations. During the spring and the fall when the respiratory diseases are more frequent, and especially if there is any tendency for grip to be epidemic in the community, there may be an actual over-crowding of hospitals, so that beds have to be set up in places that were not intended for such use. The demand for hospital accommodations is always in-

creasing because practically everyone, but particularly doctors themselves, whenever they are suffering from any affection that is likely to last a week or more, prefer to be treated in a hospital. Quite needless to say this state of affairs calls for more and more nurses. Hospitals are saving many lives, and the more of them there are, the more lives are saved; but many of these saved lives are crippled and give occupation to nurses for months, and sometimes, years.

Besides, there is a question just as with regard to the physician, of providing practical nurses for the trained care of people in the country towns and the farming districts. Medical education has become so expensive in recent years that very few physicians are willing to settle down in a small country place to practise with the prospect of only a moderate compensation for their services. Usually it has taken at least a dozen years of life, at a cost of twelve to fifteen thousand dollars, or even more, to educate a man in medicine in our day, and he will not be satisfied with the moderate income of two to three thousand dollars a year for ten or fifteen years, with the prospect of perhaps five thousand dollars a year after that, which is all a country practice will afford him. He will find it difficult under those conditions to pay back, if he has borrowed any money that has been spent on his education. Hence it is that a number of smaller towns find themselves without a physician, and they are asking whether something may not be done to provide for country people physicians who will not be quite so highly and so expensively educated, and who yet may be of distinct service for the ailments that affect country people.

Just in the same way there is question whether there may not be at least visiting nurses for the country dis-

tricts, or perhaps practical nurses somewhat less extensively and expensively trained, to help the families care for the ailing among them, when important members of the household are stricken. There is also the question of the visiting nurse for a group of families, spending an hour or two with each of them, doing such things for the ailing as requires skilled care and expert attention, directing members of the household how to do what the doctor requires during the hours between his visit and those of the nurse, and thus enabling a family with ever so much more confidence to care for the sick. Above all, the presence of a nurse this way for several hours in the day is a source of great encouragement for the patients, and they feel that they are being afforded every aid that will help them to overcome their disease.

Nursing then, in spite of forecasts to the contrary, is not likely to find itself over-crowded, for a considerable period. This is particularly true because social service bureaus of various kinds are particularly glad to use trained nurses in their work. Many a trained nurse finds it more to her satisfaction to work eight or nine hours regularly during the day, and have her evenings to herself, than to take up family nursing in such a way as may require her presence for some twelve hours in the household. Undoubtedly, before long the eight-hour law will be enforced for nurses, as it has been for other occupations, and in serious cases, at least, nurses will probably relieve each other every eight hours. After all, that is to be expected, since eight hours of occupation with a trying patient is as much as can be expected of anyone, day in and day out. There must be eight hours for sleep and there should be another eight hours for recreation and necessities of the body.

This old rule of good King Alfred still holds true as representing the best possible distribution of time, if there is to be real satisfaction in life.

Inevitable progress in this direction will increase the demand for nurses by those who can afford them, and so many people in our time have increased their earnings that the possible clients of the nurse are immensely more numerous than they were even a few years ago, or than there was any question of before the war. Prosperity has manifestly come to stay, and families that find an auto and a radio almost a necessity will demand the presence of a trained nurse in the household whenever any member of it falls ill in any serious way, so that the increase of the demand for the nurse seems assured. Our numerous training schools will probably continue then to turn out trained nurses indefinitely, very much as the medical schools will turn out physicians, for ever more and more of them are needed.

THE END

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